

Ms. Joan Marchese, Investigator
 September 19, 2006
 Page 2

Ms. Mann was not subjected to harassment or discrimination on the basis of her race, color or sex.

Ms. Mann's charge conveniently glosses over (and inaccurately portrays the facts regarding) the unrelated incident that caused her termination – her act of calling the police following a verbal disagreement with "Robert," a resident of Trump World Tower ("Trump"), Plus One's client, the location where Ms. Mann worked.

Notably, Ms. Mann neglects to mention that it was she who called the police to Trump's premises and that her own written statement regarding the incident confirms that although Robert was rude and disruptive, he never threatened her in any physical manner. Plus One by no means condones Robert's alleged behavior; however, it is the reality of customer service businesses, like Plus One's, that members of the public will, on occasion, conduct themselves inappropriately. It is by no means pleasant, but a necessary part of the job. By improvidently calling the police after the incident with Robert, Ms. Mann exercised poor judgment which jeopardized Plus One's relationship with its client, Trump. As a result of this incident, Trump justifiably told Plus One that Ms. Mann was not welcome as a Plus One employee on its premises. This led to her termination of employment.

About Plus One

Founded in 1986, Plus One provides management expertise and staff at fitness and physical therapy facilities for a broad range of companies including hospitals, luxury hotels, financial services firms, condominiums and other businesses. Plus One operates fitness centers at various locations, including the Trump World Tower, where Ms. Mann was employed at all times relevant to this charge.

The Alleged Discrimination and Hostile Work Environment

Ms. Mann provides a detailed account of the events between April 5, 2006 (when she alleges Plus One first questioned the propriety of her hairstyle) and May 5, 2006 (when she was told by Plus One's President that her hairstyle was acceptable), but for purposes of Plus One's response, the specifics of each date are irrelevant. It is simply unproductive to challenge each of Ms. Mann's assertions (many of which merely describe how Ms. Mann felt about various alleged events) when her charge itself notes that she did not suffer any adverse action as a result of her complaints and that Plus One promptly and fully remedied her complaints as soon as she wrote to Plus One's President.

It is undisputed that within one month after Ms. Mann first voiced her complaint, she wrote to Plus One's President, who promptly responded to Ms. Mann and advised her that her hair was acceptable, explained the reasoning for Plus One's personal appearance policy, and

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JM 0058

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Ms. Joan Marchese, Investigator
 September 19, 2006
 Page 3

apologized for any stress and concerns she may have experienced. (Exhibit A). At no time did Ms. Mann suffer any adverse consequences (e.g., loss of pay, reduction in responsibilities, etc.). Thus, even if Plus One's investigation was deficient (as Ms. Mann alleges), her concerns were addressed and remedied as she was specifically permitted to maintain her hair in the style of her choosing. Accordingly, Ms. Mann's discrimination and harassment claims are wholly without merit.

Ms. Mann's Termination Following the Incident with a Trump Resident

Ms. Mann's charge focuses on her allegations of harassment and discrimination in relation to her hair; however, she only briefly addresses the actual events that led to her termination: her act of calling the police on "Robert," a Trump resident. In addition, she either omits or exaggerates the events with Robert in an obvious after-the-fact attempt to justify her ill-conceived decision to call the police.

First, with regard to Ms. Mann's reference to verbal threats from "Robert," she neglects the fact that she noted in the written statement she herself provided to Dave Milani, Plus One's Vice President of Human Resources, that "Robert" merely threatened to have her fired *but never threatened her with physical harm*. (Relevant portions of her statement are included within Exhibit B). This is a key fact, as Plus One would have fully supported Ms. Mann's decision to contact the police had Robert threatened her with physical harm. Merely telling an employee that you will try to get her fired, however, is hardly a valid reason to call the police. Second, Ms. Mann neglects to mention in her charge that it was she who called the police in the first place and it was she who requested to be sent home after the incident with Robert. (See Exhibit B). Finally, Plus One and Mr. Milani categorically deny the unfounded allegation in Ms. Mann's charge that he told her to look for another job as a result of her previous complaints and that she was not to receive severance because she went to the EEOC.¹

Dealing with rude or inappropriate members of the public, such as "Robert," is an unfortunate part of Plus One's business. Ms. Mann is certainly aware of this aspect of the job as she was employed by Plus One for several years. Ms. Mann's actions in contacting the police jeopardized Plus One's relationship with Trump; therefore Trump was within its contractual rights when it requested that Ms. Mann be removed from its facility and Plus One was obligated to comply.

¹ Ms. Mann's assertion that Plus One's highest level human resources representative made such retaliatory and incriminating statement is simply not credible, thereby calling into question Ms. Mann's credibility.

NYC:708165.1/plv016-237341

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Ms. Joan Marchese, Investigator
September 19, 2006
Page 4

Conclusion

Based on the foregoing, Plus One respectfully requests the EEOC dismiss Ms. Mann's charge and issue a finding of no probable cause.

Very truly yours,



Russell E. Adler

For WOLF, BLOCK, SCHORR and SOLIS-COHEN LLP

NYC:708165.1/plu016-237341

Jm 0060

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Exhibit A

Jm 0061

SEP 19 '06 13:38 FR WOLF BLOCK ET AL 212+297+2699 TO 2622#237341#1212 P.06/11

From: Motta, Mike
Sent: Friday, May 05, 2006 10:49 AM
To: Mann, Jordan
Cc: Salomon, Richard; Ciatto, Chris; Macdonald, Jamie; Welter, Bob; Davis, Heather; Niszczyk, Tom
Subject: Response to your email to me dated May 5, 2006

Dear Jordan.

Thanks for your e-mail. I am glad you wrote to me. I have decided, as President of Plus One, that your hair is acceptable for our business purposes.

Please understand that business purposes may vary depend on the site. What dress may be suitable in Sono or Chelsea may not be suitable at certain uptown locations. I myself dress and wear different clothes to some meetings than to others. Some may even change their hairstyle depending on the business purpose. Please appreciate that we conduct ourselves differently in some ways at your current site than we do in other sites, and we expect employees to appreciate the differences in the business climate at each of our sites.

As to your hairstyle though, it is acceptable in all of our sites. Some hairstyles are not, and we have taken action at your current location to ask some of our employees to change their hairstyle when working at that site. I personally regret that there was some confusion on our part with respect to your hairstyle, and you have my sincere apology.

That being said, I ask you to be sensitive to our business purposes, to wear a headband if you wish to, and to maintain your hair length at its current length if that suits your personal wishes. While the 3 inch hair rule is a fair and appropriate general guideline for that location, it will not be applied in your case or in any other instances where it is unsuitable to do so.

Jordan, I do not know whether your statement of events in the e-mails you forwarded to me is, or is not, accurate in all respects. But, it does not make a difference to my decision today, so there is no need for me to address those statements.

You have been a valuable employee of Plus One. I am sorry this matter has stressed you out, and understand why you feel that way. I hope that you will place this matter behind you as soon as possible so that you are free from extraneous concerns in the workplace. And do not hesitate to contact me if you feel that any others at Plus One have not placed this matter behind them as well, despite my direction to do so. Having spoken to Chris Ciatto about this matter, I can tell you that he and I are in complete agreement with respect to your hair. I will ask Chris to convey our decision and our philosophy on this matter to Jamie Macdonald as well. Finally, you may or

Jmo062

212+297+2659 TO 2622#237341#1212 P.07/11

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may not know that Bob Welter has decided to resign as head of Human Resources, and I have asked Chris to discuss this matter with his replacement when hired.

Again, thanks for your e-mail, and keep up the good work. Also, a paper copy of this email will be sent to your home address.

Sincerely,
Mike

Michael Motta
President, Plus One
(646) 312-6200 direct
mike.motta@plusone.com

From: Mann, Jordan
Sent: Friday, May 05, 2006 6:52 AM
To: Motta, Mike
Subject: FW: discrimination and harassment

Dear Mike,

Below is an email I sent to Chris Ciatto. I originally met with him in early April about my situation but he never got back to me. As it stands, according to human resources, I will be terminated if I do not change my hair. Please note that my current hairstyle is an afro and has been such since my employment with PlusOne.

I'm sending this email to you as my last resort to rectify the discrimination and harassment to which I have been subjected.

Sincerely,

Jordan Mann
receptionist
Trump World Tower site
646 313 7630

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Exhibit B

Sm 0064

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June 8, 2006

Approximately 11am, resident Lily Wong entered the pool area to ask me about tenant Robert who according to her, was harassing her while she was at the computer. She wanted to know what his name was. Upon her description, I realized I was familiar with the tenant but did not know his name. Site general manager Mike Murray and Lily Wong wanted to know the tenant's name and apartment number.

I went to ask co-worker Magaly and she gave me his first name and I came back to tell Mike Murray and Lily Wong. Lily was extremely upset about an altercation she had with Robert. She was so shaken that she said she was filing a report with the building manager. After she left, I continued to look on the tenant list to find out exactly who this Robert was.

From her apartment, Lily called down to the fitness center to find out the full name and apartment number of Robert. While I was on the phone with her, Robert was at the reception area listening to my conversation. Once I hung up with Ms. Wong, Robert accused me of giving out his apartment number and then began to berate, curse at and threaten me. He said things like you're 'bullshit...I don't like you...I will have you terminated...fuck you...I'm going to do everything in my power to have you gone.' He said this while pointing his finger at me and hovering over the reception desk. He then cursed out and threatened Mike Murray because he was trying to mediate the situation between Robert and I. Then through out the time of my shift, Robert continued to come down(at least 20times between the hours of 11am and 1pm) to harass me. Extremely shaken, I asked if I could leave because I didn't feel safe in the environment. Mike told me to wait and that he had to call regional vp Jamie MacDonald. While Mike was on the phone with Jamie, I was told to write a report of the incident. I told Mike I would do such but I said I wouldn't stay here to do it because I was emotionally overwhelmed.

Later, at home around 5pm, I called Trump World Tower healthclub reception and spoke to Ryan Fairall to see if the tenant had been banned from the club because of his threats and harassment. Ryan said no and that all Mike did was file an incident report. This made me even more nervous to come to work at Trump World Tower to an already hostile work environment because of continued harassment and discrimination from PlusOne and Trump management.

June 9, 2006

Approximately 6:20am, Tenant Robert exited off the elevator. I said 'good morning.' In a hostile threatening tone, he said, 'don't speak to me. I don't want to talk to you.' When I realized that the abusive tenant was not barred from the healthclub and was still hostile, I called the police. The police showed up and took a report. During that time, the tenant Robert continued to rant about how he would 'have me out of here' in two hours. He threatened that he would make sure that I would no longer be here at Trump World Tower. He also cursed, using the word 'bullshit.'

I called the police because Plus One nor Trump building management did nothing to secure my safety. Plus One and Trump building management was well aware of the

Jm 0065

Received Sep-18-2008 12:53pm From: 212+297+2699 To: EEOC-NYDO (6) Page 011
** TOTAL PAGE. 11 **

harassment and threats since yesterday morning but allowed the tenant to continue to come to the fitness center.

After the police left, Trump security came down. The security guard just took down the spelling of my name. Security then told tenant Robert that he was able to continue using the gym facilities and not to worry about this.

Over and over, Robert was entering and exiting the fitness club coming by the reception desk saying he would have me fired, that he 'wouldn't hire me' because I was 'fat and not beautiful.' He also said that 'this AIN'T (stressing this word) a Black thing.'

I then made emergency calls to site general manager Mike Murray, regional vice president Jamie MacDonald and building manager John Henriques.

Jm 0066

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WolfBlock

250 Park Avenue, New York, New York 10177
Tel: (212) 986-1116 ■ Fax: (212) 986-0604 ■ www.WolfBlock.com

Facsimile Transmittal

Number of Pages
(including this cover):

11

Date: August 24, 2006

To: Joan Marchese, Investigator
Equal Employment Opportunity Commission

Fax #: (212) 336-3790

Phone #:

From: Russell E. Adler, Esq.

Phone #: (212) 883-4985

Fax #: (212) 672-1185

Client: plu016
Matter: 237341

If you have problems receiving this transmission, please contact the sender at the number above.

NOTE: The comments on and attachment to this cover sheet are intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us, at the above address, via the U.S. Postal Service. Thank you.

NYC:707277-1/plu016-237341

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Jm 0067

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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office

33 Whitehall Street, 5th Floor
New York, NY 10004-2112
Phone: (212) 336-3620
General Fax: (212) 336-3625
TTY: (212) 336-3622

Joan Marchese
Investigator
Phone (212) 336-3782
Fax (212) 336-3790

July 17, 2006

Ms. Jordan Mann
259 5th Street
Jersey City, NJ 07302

Dear Ms. Mann:

As a follow-up to your EEOC Questionnaire which you submitted to this office, I am enclosing the instructions for filing a charge. If it is your intent to file a charge, please complete the charge form as directed. If you wish you may append a concise statement of the allegations to the back of the charge form. Your signed, dated and notarized charge form should be returned to my attention.

Please be reminded that a charge to be timely filed with the EEOC must be filed within 300 days of the date of harm.

Sincerely,

Joan Marchese
Senior Investigator

Enc.

Jm 0068



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office

33 Whitehall Street, 5th Floor
New York, NY 10004-2112
Phone: (212) 336-3620
General Fax: (212) 336-3625
TTY: (212) 336-3622

Thank you for contacting the U.S. Equal Employment Opportunity Commission

This agency enforces the laws against discrimination in employment on account of race, color, religion, national origin, age, sex, and disability. The event you are complaining about must have occurred within a maximum of 300 days of the filing of a charge. Our jurisdiction covers public and private employers with 15 or more employees (20 employees for age complaints), labor unions, and employment agencies located in New York State south of Albany. For employers in other locations, please call our national number, 1-800-669-4000, and you will be automatically connected with the EEOC office with appropriate jurisdiction. If you work for the Federal government, contact your agency's Equal Employment Office. Our website is www.eeoc.gov.

In response to your call, we are enclosing a questionnaire. If the matter you are calling about does not fall within the definitions above, we are not authorized or qualified to assist you. If the matter you are calling about does fall within the definitions, please fill in the questionnaire to the best of your ability and mail it to INTAKE at the address above.

Help us help you!

- Make your statement short and concise (less than two pages)
- State what employer discriminated against you, what the discriminatory act was, when it took place, where it took place, and who took the action.
- State why you believe the act was discriminatory. Name others who were treated differently in similar situations.
- Identify others who can verify your statements and provide contact information for them.
- Provide supporting documents if relevant - performance evaluation, letter of termination, memoranda, emails, etc. Keep copies for yourself. We cannot return documents to the sender.
- ****Consult our website at www.eeoc.gov for relevant information****

We will review your questionnaire within two weeks of receiving it and contact you directly by phone, mail, or email to discuss your proposed charge and advise you of the appropriate next steps. We ask you to wait until we contact you. If you want confirmation that we have received your questionnaire, please send it by certified mail. Our limited staff is not able to respond to phone inquiries due to the volume of calls.

Thank you for your cooperation with our procedures.

SUBMITTING THIS QUESTIONNAIRE DOES NOT CONSTITUTE FILING A CHARGE

KEEP A COPY OF YOUR QUESTIONNAIRE!

Jm 0069

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office
33 Whitehall Street, 5th floor
New York, NY 10004
212 336-3620

INTAKE QUESTIONNAIRE

[Please type or print legibly]

Date: 4-5-06

Your name: Mr. () Ms. (☒) Jordan Mann

Date Of Birth: 10-8-68

Address: 259 5th St JAB City: Jersey City
County: Hudson State: NJ Zip Code: 07302
Home phone: (201) 420 0498 Best time to call: after 7pm
Work phone: (646) 313 7630 Best time to call: before 130pm
Email: jordansudan@yahoo.com

Employer or organization that you charge with discrimination:

Name: Plus One Fitness
Address: 75 Maiden Lane City: NY State: NY
Zip Code: _____ Phone (with area code): 212 791-2300

What type of business does the employer engage in? Fitness & Spa

Number of employees: () 1- 14 () 15 - 100 () 101 - 500 (☒) over 500 () unknown

Job title: massage therapist/receptionist Date hired: Aug. 2002

Salary/Wage: _____

Name of immediate supervisor: Tom Nizczak

Supervisor's Title: Manager

Unit, department or division: Trump World Tower

Number of employees in department or division: 12?

Number of employees with the same job title: 3 or 4?

Jm 0070

How have you been harmed?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Not hired | <input type="checkbox"/> Discharge | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Layoff | <input type="checkbox"/> Other terms of employment |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement | <input type="checkbox"/> Accommodation (religion or disability) |
| <input type="checkbox"/> Leave | <input type="checkbox"/> Benefits | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pay | <input checked="" type="checkbox"/> Harassment | |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Sexual harassment | |

Date of Harm: 4-5-06

I believe that I was discriminated against on account of:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Race: <u>African American</u> | <input type="checkbox"/> Pregnancy |
| <input checked="" type="checkbox"/> Color: <u>Black</u> | <input type="checkbox"/> Religion: _____ |
| <input type="checkbox"/> National Origin: _____ | <input type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | <input type="checkbox"/> Retaliation for having complained about discrimination. |
| <input type="checkbox"/> Age (40 years or over) | |

If you believe you were discriminated against because of a disability, state:

Brief description of disability: _____

How long the disability will last: _____

How the disability limits you in essential daily activities (such as breathing, concentrating, sleeping, seeing, walking, lifting, and so on):

jm 0071

Please give a brief description of your complaint and why you feel you were discriminated against:

My complaint is that I've been an employee since August 2002 as a massage therapist. As of March 6, 2006, I accepted AN Additional job w/ the same company @ their Trump World Tower site. I was hired in 2002 when my hair was an afro. Today, my new regional manager said my hair was inappropriate and that it doesn't comply to PlusOne standards. I asked him why was my afro inappropriate. He replied that ones hair must be 'normal' and 'current'.

I then said that his statement was racially & culturally insensitive. I also said that there are women w/ hair 3x as long but their hair grows naturally straight. I believe I'm being harassed at my job because I won't straighten or change my natural hair to conform to Caucasian cultural standards.

My regional mgr also said that men are not allowed to have their hair below their ears. I responded that I was a woman. There are no rules about hair length for women at PlusOne.

Identify any witnesses who will provide evidence to support your allegations:

Name: <u>Tom Niesczak</u>	Name: <u>Magaly M.</u>
Home phone: () _____	Home phone: () _____
Work phone: <u>(646) 313 7630</u>	Work phone: <u>(646) 313 7630</u>
Address: <u>Trump Tower</u>	Address: <u>Trump Towers</u>
<u>845 1st Ave.</u>	<u>845 1st Ave.</u>
<u>NY NY</u>	<u>NY NY</u>

Nature of the evidence they will provide:

Tom will confirm that Regional Mgr. Jamie McDonald said I
have to change my hair because it's inappropriate. Magaly will
confirm that Jamie McDonald reprimanded me about hair
(addressed)

Have you sought assistance from any other State, local, or Federal government agency, union, attorney or other source? () yes (X) no

Name of source of assistance: _____

Results, if any: _____

Have you filed an EEOC charge in the past? No ___ Yes ___

If yes, provide: Date filed _____ Charge number _____

Organization charged _____

How did you hear about the EEOC?

[e.g., newspaper article, attended EEOC seminar, radio/TV (when, what station), friend/relative, lawyer, union, government agency]: Friend

Provide the name of an individual at a different address whom we can contact if we are unable to reach you:

Name: Delores Mann

Address: P.O. 1763
Camden SC 29020

Relationship: Mother

Phone: (803) 432 8764

Filling out this form does not constitute filing a charge

Attach copies of any documents you believe would support your discrimination claim

IMPORTANT NOTE:

(This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting the personal data and the uses thereof are given below.)

FORM NUMBER/TITLE/DATE: EEOC FORM 235, INTAKE QUESTIONNAIRE.

AUTHORITY: 42 U.S.C. 2000e-6(b), 29 U.S.C. Section 626.

PRINCIPAL PURPOSE: The purpose of this questionnaire is to solicit information to enable the Commission to avoid the intake of matters not within its jurisdiction.

ROUTINE PURPOSES: Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over potential charges, complaints or allegations of employment discrimination and to provide such pre-charge filing counseling as is appropriate. Information provided on this form may be disclosed to other state, local and federal agencies as may be appropriate or necessary to carry out the Commission's functions. This would include employment practices laws. Information may also be disclosed to Charging Parties in consideration of or connection with litigation.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

Keep a copy of your completed questionnaire and other documents that you send

I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct to the best of my knowledge.


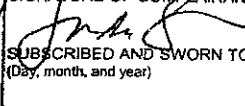
Date: 4/5/06
Signature: [Signature]
Print name: Jordan Mann

Jm 0074

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐ FEPA
☒ EEOC

520-2006-01431

NAME (Indicate Mr., Ms., Mrs.) Ms. Jordan Mann		HOME TELEPHONE (Include Area Code) 917 705 9660	
STREET ADDRESS 80 St. Nicholas Ave., #5A NY NY 10026		CITY, STATE AND ZIP CODE NY NY 10026	
DATE OF BIRTH 10-8-68		NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)	
NAME Plus One Holdings	NUMBER OF EMPLOYEES, MEMBERS 750 nationwide	TELEPHONE (Include Area Code) 212 791 2300	
STREET ADDRESS 75 Maiden Lane, 8th fl. NY NY	CITY, STATE AND ZIP CODE NY NY	EEOC-NYDO-ENFORCEMENT	
NAME Dave Milani	TELEPHONE NUMBER (Include Area Code) 646 312 6225		
STREET ADDRESS Same as above	CITY, STATE AND ZIP CODE		COUNTY
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST	
<input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify) Afro Hair Style		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>The Respondents here subjected me to Race & Sex Discrimination, hostile work environment based on my race, they retaliated against me in terminating my employment because of my race, ^{color} and possibly my sex. I did not get severance pay because I am a black female. Part of the reasons I was fired is because I made complaints of Racial Harassment and racially threatening behavior to the police. I was subjected to hostile work environment and termination because I wore an afro hairdo. I was fired because I also reported the racial harassment to our COO & President of my company.</p> <p>Please see attached statement for complete story.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 8-1-06 Charging Party (Signature) 		SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV. 3/01)

(please go to statement where the notary public signed)

Jm 0075

MOHINDER S. GULATI
NOTARY PUBLIC, State of New York
No. GU4659357
Qualified in New York County
Commission Expires May 20, 2010

STATE OF NEW YORK
COUNTY OF NEW YORK
08/01/06

JORDAN MANN'S statement

In August 2002, Plus One Fitness hired me, Jordan Mann as a massage therapist. I performed massage duties at different corporate sites managed by Plus One for other companies such as Goldman Sachs, Merrill Lynch. On March 6, 2006, I took on additional duties as a full-time receptionist at the Trump World Towers site. At my initial hire date, my hair was an Afro and has been the same since. No one ever objected to my hair until April 5, 2006. Below is an account of when the racial discrimination and harassment started within the scope of my employment.

April 5, 2006 @ Trump World Tower

Plus One regional vice president Jamie MacDonald told me that I was not allowed to wear my Afro at the Trump World Towers and ordered me to change it right away. He said my Afro violated the Trump Organization's policy and if I didn't get rid of it or change it, there would be serious consequences, meaning termination. He also made derogatory comments about my hair. I told him that what he said was racially and culturally insensitive and disrespectful. Immediately after being reprimanded by MacDonald because of my hair, I called my immediate supervisor Tom Niszczak to report the harassment and discrimination. Niszczak told me to call the vice president of human resources Bob Welter.

April 6, 2006

The next day, MacDonald furnished me with a copy of the Trump Organization's hair policy. He continued to say I violated the policy which stated, "buns, twists, should not be more than 3 inches above head." I told him that my hair is not a bun nor twist and I couldn't change the way my hair grew. MacDonald also emailed my immediate supervisor Tom Niszczak who hired me, that the Trump Organization objected to my Afro. I told MacDonald again that my hair grew naturally like this. MacDonald said that the Organization didn't make allowances for "individuals" with hair like me. He warned me again to change my hair.

I called Bob Welter and expressed my concern about Jamie McDonald's harassment. I repeated to Bob that I felt that this was racially and culturally discriminatory. During the conversation Bob asked me what did my hair look like. I said I had an Afro and that I felt I was being harassed because James didn't like my Afro because it showed my African-American heritage. He then said he would investigate the matter next week and get back to me.

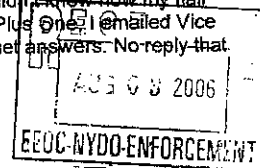
April 10, 2006 @ Plus One Corporate Headquarters

Had a meeting with manager of Human Resources, Heather Davis. I repeated the incidents of harassment and discrimination to which I had been subjected. She told me that I must cut my hair because it was "shocking." She gave me an ultimatum: either cut off my hair or transfer to another Plus One site. I said I wouldn't cut off my hair, so I was forced to take a transfer. Then she said that a transfer wasn't guaranteed and that it looked likely that I would not have a job. I asked for her statements in writing and she refused.

I was puzzled because I initiated the meeting to discuss the harassment and discrimination but instead, Davis continued the discrimination because she said my hair was unacceptable too. She said my hair was inappropriate because it was "shocking," unsuitable for a five star caliber place such as Trump Tower. I asked why my discrimination allegations were not being investigated. I then said I had filed paperwork with the Equal Employment Opportunity Commission. She said that my job was in jeopardy if I didn't do something about my hair. Meeting was promptly adjourned.

April 11, 2006

Because I: 1) felt that Heather Davis continued the discrimination, 2) didn't know how my hair violated hair policy and 3) unclear about my employment status with Plus One, I emailed Vice President of Human Resources, Bob Welter to request a meeting to get answers. No reply that day.



April 12, 2006

Approximately 7:30am, Chief Operating Office Chris Ciatto paid me a surprise visit at the Trump World Tower site. He told me he was responding to my action of contacting the EEOC. I told him about the discrimination and harassment I felt I was being subjected to. Ciatto asked me why the other Black women's hair in the office didn't look like mine; hence, he told me to get braids or cut my hair. I told him that many Black women chemically straighten their hair. I also said that I don't chemically straighten my hair for health reasons nor would I get braids because the synthetic material of braids would damage my chemical free-natural hair. Ciatto ended the meeting with my employment still being in question.

April 20, 2006

I email Chris Ciatto to find out who has the final word on my termination. No response.

Late morning, Bob Welter, vice president of Human Resources calls me at the Trump World Tower site. He said that Chris Ciatto emailed Bob to handle the situation. We set up a meeting the next day.

April 21, 2006

Met with Bob Welter, vice president of Human Resources who continued to say that my hair violated policy because it did not comply with the rule: "buns, twists, etc., should not be more than three inches above head." We then made a verbal agreement that if I could prove my hair was not more than three inches above my head, I could continue to work at Trump World Tower. I put a ruler on top of my skull and Bob verbally confirmed that my hair was not three inches above my hair. He then did not honor our agreement and said he didn't like my hair because "it stands too straight up" and that it was unacceptable for a place like Trump. He sent me home for one day to figure out how to change my hair to suit him.

I also told him about the discrimination and harassment I felt I was being subjected to but he would not address it and refused to investigate it.

April 27, 2006

I sent another email to Bob Welter stating that I proved that I did not violate their interpretation of the hair policy but wanted something in writing from Bob as to why he introduced a new reason why he felt I didn't comply. Up to this date, no manager/executive was able to say how my hair violated policy. Each Plus One worker only expressed his or her dislike to the way my Afro looked and grew.

April 28, 2006

Approximately 1:40pm I retrieved an email from Bob Welter. At my dismay, the discrimination was not addressed or why Plus One, acting as a Trump representative.

Approximately 5:00pm

My immediate supervisor Tom Niszczyk, called me on my cell phone to say that Bob Welter said that there was a condition that if I didn't change my hair, then I would be terminated.

Monday, May 1, 2006

I emailed Chris Ciatto, COO again. At this point, it had been weeks and he had not gotten back to me from our first meeting on April 12. And as a result, never addressed anything or never got back to me. In the email to Chris, I recapped how James, Heather and Bob Welter discriminated against me and that no one in human resources chose to investigate my harassment and discrimination charges. I further wrote of my considerable emotional and physical stress I had been experiencing because of all the incidents. And because of the undue humiliation I had been subjected to, I said I would not take any more meetings regarding my hair without my lawyer present.

Jm 0078

No word from Chris Ciatto. I become increasingly worried and anxiety-ridden because Bob Welter said I was going to be fired.

Friday, May 5, 2006

As a last resort, I emailed the president of the company Michael Motta. He said my Afro was now appropriate but he refused to investigate my harassment/discrimination claim.

A couple weeks later

The new Trump World Tower site manager Chris Garcia singles me out again in reference to the hair/grooming policy. I again contacted Motta about the harassment. Nothing was ever done or investigated.

June 8

The new site manager Mike Murray asked me to find out the full identity of a resident, known as "Robert," who was verbally harassing another resident Lily Wong. While I trying to find out the information for Murray, the resident Robert came down to start harassing me saying that it was none of my business to know that information. For the rest of my shift, Robert cursed at me and verbally threatened me and Plus One staff. Visibly shaken, my manager, Murray told me to go home and he would take care of handling the abusive resident. Later that day, he told me that Trump security and the building manager was alerted and that the resident was "taken care of."

June 9

The next day on my shift, the same resident came into the healthclub area and started threatening me again. Extremely frightened, police and Trump security were called. After the police and Trump security left the healthclub, the regional vice president Jamie MacDonald called me and told me to go home indefinitely with paid. I was sent home for calling the police to protect myself against a resident/user of the healthclub.

June 13

New vice president of human resources Dave Milani said that I should look for another job because upper management didn't like the harassment/discrimination charges I was alleging and filing with the EEOC.

June 16

Dave Milani fired me over the phone. He said I was fired because I called the police. He continued to say "Trump didn't like it and we here at PlusOne didn't like that." In addition, he said I would not be eligible for severance because I had intentions to follow through with my EEOC case.

Jm 0078

MARTIN NORCROSS LLC

PRACTICE LIMITED TO EMPLOYMENT MATTERS AND RELATED LITIGATION

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E-mail: dmartin@norcross.com

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EDISON, NEW JERSEY 08837

110 WALL STREET
NEW YORK, NEW YORK 10004

FAX COVER SHEET

TO: Joan Marchese
FAX: (212) 336-3879 *3625*
FROM: Deborah Martin Norcross
DATE: December 18, 2006
RE: Mann v. Plus One Holdings, Inc.
NUMBER OF PAGES (INCLUDING COVER): 8
MESSAGE:

This cover sheet and any documents that accompany it contain confidential and legally privileged information intended only for the individual(s) named. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or other use of these documents is strictly prohibited and that the documents should be returned to the above address immediately.

Received Dec-18-2006 02:25pm

From-609 945 3912

To-EEOC-NYDO (7)

Page 001

JM 0079

MARTIN NORCROSS LLC

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379 THORNALI STREET
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110 WALL STREET
NEW YORK, NEW YORK 10004

December 18, 2006

By Facsimile: (212) 336-3625

Joan Marchese
Investigator
Equal Employment Opportunity Commission
33 Whitehall Street, 5th Floor
New York, New York 10004

Re: *Mann v. Plus One Holdings, Inc.*
Charge No. 520-2006-01431

Dear Ms. Marchese:

We respectfully provide this additional supplemental information in response to the above-referenced charge:

1. **Declaration of Jamie MacDonald.** The declaration of Jamie MacDonald, Plus One's Regional Vice President, is attached as Exhibit 3. We hope the Commission will accept this declaration as a satisfactory alternative to involving Plus One's client in this investigation.

2. **Additional Complaint Resolution Procedure.** In addition to the procedures described in Plus One's Employee handbook, Plus One also utilizes an outside vendor to accept complaints, anonymously, from employees who might be uncomfortable using Plus One's company procedures. A copy of the employee memorandum describing the service is attached as Exhibit 4. To Plus One's knowledge, Charging Party never utilized this service.

Very truly yours,


Deborah Martin Norcross

¹ Exhibit 4 is given to new employees as one of their new hire documents. You will note that the date space on the memorandum is blank. As it was set up by Plus One's former Vice President of Human Resources, the date is automatically inserted each time it is printed.

Received Dec-18-2006 02:25pm

From-609 945 3912

To-EEOC-NYDO (7)

Page 002

Jm 0080

EXHIBIT 3

Jm0081

Received Dec-18-2006 02:25pm

From-609 945 391Z

To-EEOC-NYDD (7)

Page 003

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

JORDAN MANN,

Charging Party,

vs.

PLUS ONE HOLDINGS, INC.,

Respondent.

EEOC Charge No. 520-2006-01431

DECLARATION OF JAMIE MACDONALD

1. My name is Jamie Macdonald. I have been employed by Plus One Holdings, Inc. (Plus One) as the Regional Vice President responsible for the Plus One account at Trump World Tower since 06/05/1995. This declaration is made on my own personal knowledge.

2. On or about April 3, 2006, I learned that our client, Trump World Tower (TWT), had service issues with Plus One and might seek to renegotiate, or even terminate, our contract with TWT.

3. On or about June 6, 2006, a TWT representative complained to me that the facility was not being opened timely (this was one of Jordan Mann's responsibilities) and that our receptionist (Ms. Mann) was "surly."

4. Two days later, on June 8, 2006, I learned that Ms. Mann had been involved in a verbal altercation with a TWT resident. According to our site manager, the resident ("Robert"), apparently thinking that Ms. Mann was providing his contact information to another resident with whom Robert had had an unrelated disagreement, swore at Ms. Mann and threatened to have Ms. Mann and the site manager (Michael Murray) fired. Ms. Mann became upset and asked if she could leave work early. Mr. Murray granted Ms. Mann's request and covered the rest of Ms. Mann's shift himself. As

JM 0082

far as I and the rest of Plus One's management were concerned, Ms. Mann did not do anything improper on this date.

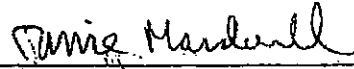
5. Ms. Mann's conduct the next morning, however, was entirely inappropriate. According to her, she became upset because Robert responded to her "good morning" with, "Don't speak to me, I don't want to talk to you." Ms. Mann claims that this upset her, but she inexplicably did not contact anyone within Plus One's management, nor did she call TWT building management or security. Instead, she called the New York Police Department.

6. TWT was quite properly outraged by Ms. Mann's conduct, and told me unequivocally that Ms. Mann "had to go from Trump World Tower and should have gone a long time ago." I agreed.

7. I am writing this Declaration in the hope that it will meet the EEOC's need for confirmation of the reason for Ms. Mann's dismissal. Given the tenuous state of Plus One's business relationship with TWT, I believe it would be very harmful to Plus One if it became necessary to involve TWT representatives in this matter.

8. I declare under penalty of perjury that the foregoing is true and correct.

Executed this 16th day of December, 2006.


Jamie Macdonald

JM 0082

EXHIBIT 4

Jm 0083

Plus One Memorandum

+1

To: Plus One Team
From: Bob Welter
Date:
Re: 24-Hour Employee Hotline

Plus One's complaint procedure is thoroughly explained in the employee handbook, with descriptions of the contacts for reporting a complaint, the process of investigation of the incident, and the remedial action(s) commensurate with the circumstances.

However, if there is a reason that a team member might feel uncomfortable coming forward via our internal reporting process(es), Plus One has provided an additional resource to report unethical or illegal activity. The resource we have contracted is *Lighthouse*, a risk-free, anonymous, 24-hour hotline staffed by specialists who are trained to sensitively and thoughtfully debrief an employee by obtaining information on their particular issue.

The *Lighthouse* hotline is available to address issues in three areas:

- Human Resources
 - Sexual Harassment
 - Discrimination
 - Substance Abuse
 - Theft
- Sarbanes-Oxley Act
 - Complaints regarding internal accounting controls or auditing matters
 - Anonymous submission of concerns regarding questionable accounting or auditing matters
- Compliance and Ethics
 - Fraud
 - Misuse of company property
 - Improper conduct

Plus One Holdings, Inc. • 75 Maiden Lane • Suite 801 • New York, NY 10038 • 212.791.2300

Jm 0084

To simplify the reporting process, we have set up two methods to contact a **Lighthouse** specialist: through an anonymous 800 phone line or by going to their website at www.lighthouse-services.com. The phone for English-speaking employees is (800) 398-1496, and (800) 216-1288 for Spanish-speaking employees. The username to report an issue on the **Lighthouse** website is: **PLUSONE**, and the password is: **HUMAN1**.

Once again, this new resource is not a replacement or substitute for our normal grievance policy and procedure, but only an option to those who require anonymity to submit their complaint or issue in compliance with our grievance policy.

Our partnership with **Lighthouse** reaffirms the idea of One Best Team by providing the support and resources required of our entire team to continue to be the Gold Standard.

If you have any questions regarding Plus One's complaint procedure or the services offered by **Lighthouse**, please contact Bob Welter in the Human Resources Department at bob.welter@plusone.com or 646.312.6225.

+1



2

Jm 0885

MARTINNORCROSS LLC

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110 WALL STREET
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FAX COVER SHEET

TO: Joan Marchese
FAX: (212) 338-3825
FROM: Deborah Martin Norcross
DATE: December 18, 2006
RE: Mann v. Plus One Holdings, Inc.

NUMBER OF PAGES (INCLUDING COVER): 76

MESSAGE: Please see attached response to request for additional information.

** We are re-sending this because we have not been able to confirm that it went through on Friday.*

This cover sheet and any documents that accompany it contain confidential and legally privileged information intended only for the individual(s) named. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or other use of these documents is strictly prohibited and that the documents should be returned to the above address immediately.

Jm 0086

MARTIN NORCROSS LLC

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379 THORNALL STREET
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110 WALL STREET
NEW YORK, NEW YORK 10004

December 15, 2006

By Facsimile: (212) 336-3790

Joan Marchese
Investigator
Equal Employment Opportunity Commission
33 Whitehall Street, 5th Floor
New York, New York 10004

Re: *Mann v. Plus One Holdings, Inc.*
Charge No. 520-2006-01431

Dear Ms. Marchese:

Thank you for providing us with the opportunity to supplement Respondent's submission in response to this charge.

Response to Request for Additional Information

1. ***Charging Party's Personnel File.*** A copy of Charging Party's personnel file is attached as Exhibit 1. Copies of her e-mail complaints, and Plus One's responses, are attached as Exhibit 1-A.
2. ***Employee Handbook.*** A copy of Plus One's Employee Handbook is attached as Exhibit 2.
3. ***Discipline, Termination, and Grievance Policies.*** Plus One's disciplinary, termination, and employee grievance policies can be found at pages 2 - 3, 8 - 11, 30, and 32 - 33 of the Employee Handbook.
4. ***Incident Leading to Dismissal.*** On June 8, 2006, Charging Party became involved in an argument with a resident of Trump World Tower (TWT). That resident, Robert, had just had an argument with another resident. Robert

Jm087

Joan Marchese
December 15, 2006
Page 2 of 3

approached Charging Party, who was on the telephone. Apparently thinking that Charging Party was providing Robert's contact information to the other resident, Robert swore at Charging Party and Michael Murray, the site manager, who also was present, and threatened to have them both fired. Charging Party became upset and asked to leave work early. Mr. Murray allowed Charging Party to leave and covered the rest of her shift himself. This is where the incident should have ended.

The next day, however, Charging Party provoked a continuation of the argument. According to Charging Party, she approached Robert as he was exiting the elevator. She then became upset when Robert responded to her "Good Morning," with, "Don't speak to me. I don't want to talk to you." At that point, inexplicably, and totally without any reasonable justification, Charging Party called the New York Police Department to report Robert for harassment. She did not contact anyone in Plus One's management or anyone at TWT.

TWT was properly outraged by Charging Party's conduct. Jamie MacDonald, Plus One's Regional Vice President responsible for the TWT account, was told that Charging Party "had to go." Mr. MacDonald agreed, and made the decision to remove Charging Party from her position. *See also* Declaration of Jamie MacDonald, to be submitted separately.

5. **Other Retaliation/Discrimination Complaints.** Other than the charge filed by Charging Party, Plus One has had no claims of unlawful retaliation. During the period January 1, 2003 to the present, Plus One has received three complaints alleging race or gender discrimination:

a.

b.

c.

↑
DELETION
↓

0088

Provide the name of an individual at a different address whom we can contact if we are unable to reach you:

Name: Delores Mann

Address: P.O. 1763
Camden SC 29020

Relationship: Mother

Phone: (803) 432 8764

Filling out this form does not constitute filing a charge

Attach copies of any documents you believe would support your discrimination claim

IMPORTANT NOTE:

(This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting the personal data and the uses thereof are given below.)

FORM NUMBER/TITLE/DATE: EEOC FORM 233, INTAKE QUESTIONNAIRE.

AUTHORITY: 42 U.S.C. 2000e-5(b), 20 U.S.C. Section 629.

PRINCIPAL PURPOSE: The purpose of this questionnaire is to solicit information to enable the Commission to avoid the intake of matters not within its jurisdiction.

ROUTINE PURPOSES: Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over potential charges, complaints or allegations of employment discrimination and to provide such pre-charge filing counseling as is appropriate. Information provided on this form may be disclosed to other state, local and federal agencies as may be appropriate or necessary to carry out the Commission's functions. This would include employment practices laws. Information may also be disclosed to Charging Parties in consideration of or connection with litigation.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

Keep a copy of your completed questionnaire and other documents that you send

I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Date: 4/5/08
Signature: Jordan Mann
Print name: Jordan Mann

Jm 0074

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐ FEPA
☒ EEOC

520-2006-01431

NAME (Indicate Mr., Ms., Mrs.) Ms. Jordan Mann		HOME TELEPHONE (Include Area Code) 917 705 9660	
STREET ADDRESS 80 St. Nicholas Ave., #5A NY NY 10026		CITY, STATE AND ZIP CODE NY NY 10026	
DATE OF BIRTH 10-8-68		NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)	
NAME Plus One Holdings	NUMBER OF EMPLOYEES, MEMBERS 750 nationwide	DATE AUG 03 2008	
STREET ADDRESS 75 Maiden Lane, 8th fl, NY NY		CITY, STATE AND ZIP CODE NY NY	
NAME Dave Milani		TELEPHONE NUMBER (Include Area Code) 646 312 6225	
STREET ADDRESS Same as above		CITY, STATE AND ZIP CODE NY NY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify) Afro Hair style.		DATE DISCRIMINATION TOOK PLACE EARLIEST _____ LATEST _____ <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): The Respondents here subjected me to Race & Sex Discrimination, hostile work environment based on my race, they retaliated against me in terminating my employment because of my race, ^{color} and possibly my sex. I did not get severance pay because I am a black female. Part of the reasons I was fired is because I made complaints of Racial Harassment and racially threatening behavior to the police. I was subjected to hostile work environment and termination because I wore an afro hairstyle. I was fired because I also reported the racial harassment to our COO & President of my Company. Please See attached Statement for Complete story.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements) 4	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 8-1-06 Charging Party (Signature) Jordan Mann		SIGNATURE OF COMPLAINANT Jordan Mann SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV. 3/01)

(please go to statement where the notary public signed) Jm 0075

MOHINDER S. GULATI
NOTARY PUBLIC, State of New York
No. GU4659357
Qualified in New York County
Commission Expires May 20, 2010

STATE OF NEW YORK
COUNTY OF NEW YORK
08/01/06

JORDAN MANN'S statement

In August 2002, Plus One Fitness hired me, Jordan Mann as a massage therapist. I performed massage duties at different corporate sites managed by Plus One for other companies such as Goldman Sachs, Merrill Lynch. On March 6, 2006, I took on additional duties as a full-time receptionist at the Trump World Towers site. At my initial hire date, my hair was an Afro and has been the same since. No one ever objected to my hair until April 5, 2006. Below is an account of when the racial discrimination and harassment started within the scope of my employment.

April 5, 2006 @ Trump World Tower

Plus One regional vice president Jamie MacDonald told me that I was not allowed to wear my Afro at the Trump World Towers and ordered me to change it right away. He said my Afro violated the Trump Organization's policy and if I didn't get rid of it or change it, there would be serious consequences, meaning termination. He also made derogatory comments about my hair. I told him that what he said was racially and culturally insensitive and disrespectful. Immediately after being reprimanded by MacDonald because of my hair, I called my immediate supervisor Tom Niszczak to report the harassment and discrimination. Niszczak told me to call the vice president of human resources Bob Welter.

April 6, 2006

The next day, MacDonald furnished me with a copy of the Trump Organization's hair policy. He continued to say I violated the policy which stated, "buns, twists, should not be more than 3 inches above head." I told him that my hair is not a bun nor twist and I couldn't change the way my hair grew. MacDonald also emailed my immediate supervisor Tom Niszczak who hired me, that the Trump Organization objected to my Afro. I told MacDonald again that my hair grew naturally like this. MacDonald said that the Organization didn't make allowances for "individuals" with hair like me. He warned me again to change my hair.

I called Bob Welter and expressed my concern about Jamie McDonald's harassment. I repeated to Bob that I felt that this was racially and culturally discriminatory. During the conversation Bob asked me what did my hair look like. I said I had an Afro and that I felt I was being harassed because James didn't like my Afro because it showed my African-American heritage. He then said he would investigate the matter next week and get back to me.

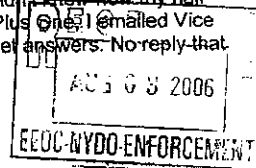
April 10, 2006 @ Plus One Corporate Headquarters

Had a meeting with manager of Human Resources, Heather Davis. I repeated the incidents of harassment and discrimination to which I had been subjected. She told me that I must cut my hair because it was "shocking." She gave me an ultimatum: either cut off my hair or transfer to another Plus One site. I said I wouldn't cut off my hair, so I was forced to take a transfer. Then she said that a transfer wasn't guaranteed and that it looked likely that I would not have a job. I asked for her statements in writing and she refused.

I was puzzled because I initiated the meeting to discuss the harassment and discrimination but instead, Davis continued the discrimination because she said my hair was unacceptable too. She said my hair was inappropriate because it was "shocking," unsuitable for a five star caliber place such as Trump Tower. I asked why my discrimination allegations were not being investigated. I then said I had filed paperwork with the Equal Employment Opportunity Commission. She said that my job was in jeopardy if I didn't do something about my hair. Meeting was promptly adjourned.

April 11, 2006

Because I: 1) felt that Heather Davis continued the discrimination, 2) didn't know how my hair violated hair policy and 3) unclear about my employment status with Plus One, I emailed Vice President of Human Resources, Bob Welter to request a meeting to get answers. No reply that day.



Jm 0076

April 12, 2006

Approximately 7:30am, Chief Operating Office Chris Ciatto paid me a surprise visit at the Trump World Tower site. He told me he was responding to my action of contacting the EEOC. I told him about the discrimination and harassment I felt I was being subjected to. Ciatto asked me why the other Black women's hair in the office didn't look like mine; hence, he told me to get braids or cut my hair. I told him that many Black women chemically straighten their hair. I also said that I don't chemically straighten my hair for health reasons nor would I get braids because the synthetic material of braids would damage my chemical free-natural hair. Ciatto ended the meeting with my employment still being in question.

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I email Chris Ciatto to find out who has the final word on my termination. No response.

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I also told him about the discrimination and harassment I felt I was being subjected to but he would not address it and refused to investigate it.

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April 28, 2006

Approximately 1:40pm I retrieved an email from Bob Welter. At my dismay, the discrimination was not addressed or why Plus One, acting as a Trump representative.

Approximately 5:00pm

My immediate supervisor Tom Niszcza, called me on my cell phone to say that Bob Welter said that there was a condition that if I didn't change my hair, then I would be terminated.

Monday, May 1, 2006

I emailed Chris Ciatto, COO again. At this point, it had been weeks and he had not gotten back to me from our first meeting on April 12. And as a result, never addressed anything or never got back to me. In the email to Chris, I recapped how James, Heather and Bob Welter discriminated against me and that no one in human resources chose to investigate my harassment and discrimination charges. I further wrote of my considerable emotional and physical stress I had been experiencing because of all the incidents. And because of the undue humiliation I had been subjected to, I said I would not take any more meetings regarding my hair without my lawyer present.

Jm 0078

No word from Chris Ciatto. I become increasingly worried and anxiety-ridden because Bob Welter said I was going to be fired.

Friday, May 5, 2006

As a last resort, I emailed the president of the company Michael Motta. He said my Afro was now appropriate but he refused to investigate my harassment/discrimination claim.

A couple weeks later

The new Trump World Tower site manager Chris Garcia singles me out again in reference to the hair/grooming policy. I again contacted Motta about the harassment. Nothing was ever done or investigated.

June 8

The new site manager Mike Murray asked me to find out the full identity of a resident, known as "Robert," who was verbally harassing another resident Lily Wong. While I trying to find out the information for Murray, the resident Robert came down to start harassing me saying that it was none of my business to know that information. For the rest of my shift, Robert cursed at me and verbally threatened me and Plus One staff. Visibly shaken, my manager, Murray told me to go home and he would take care of handling the abusive resident. Later that day, he told me that Trump security and the building manager was alerted and that the resident was "taken care of."

June 9

The next day on my shift, the same resident came into the healthclub area and started threatening me again. Extremely frightened, police and Trump security were called. After the police and Trump security left the healthclub, the regional vice president Jamie MacDonald called me and told me to go home indefinitely with paid. I was sent home for calling the police to protect myself against a resident/user of the healthclub.

June 13

New vice president of human resources Dave Milani said that I should look for another job because upper management didn't like the harassment/discrimination charges I was alleging and filing with the EEOC.

June 16

Dave Milani fired me over the phone. He said I was fired because I called the police. He continued to say "Trump didn't like it and we here at PlusOne didn't like that." In addition, he said I would not be eligible for severance because I had intentions to follow through with my EEOC case.

Jm 0078

MARTINNORCROSS LLC

PRACTICE LIMITED TO EMPLOYMENT MATTERS AND RELATED LITIGATION

60 MARION ROAD WEST
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379 THORNALL STREET
EDISON, NEW JERSEY 08837

110 WALL STREET
NEW YORK, NEW YORK 10004

FAX COVER SHEET

TO: Joan Marchese
FAX: (212) 336-3879 ~~3625~~
FROM: Deborah Martin Norcross
DATE: December 18, 2006
RE: Mann v. Plus One Holdings, Inc.
NUMBER OF PAGES (INCLUDING COVER): 8
MESSAGE:

This cover sheet and any documents that accompany it contain confidential and legally privileged information intended only for the individual(s) named. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or other use of these documents is strictly prohibited and that the documents should be returned to the above address immediately.

Received Dec-18-2006 02:25pm

From-609 945 3912

To-EEOC-NYDO (7)

Page 001

Jm 0079

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NEW YORK, NEW YORK 10004

December 18, 2006

By Facsimile: (212) 336-3625

Joan Marchese
Investigator
Equal Employment Opportunity Commission
33 Whitehall Street, 5th Floor
New York, New York 10004

Re: *Mann v. Plus One Holdings, Inc.*
Charge No. 520-2006-01431

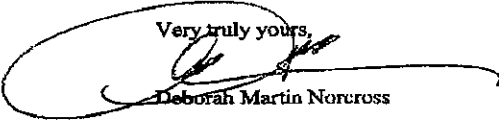
Dear Ms. Marchese:

We respectfully provide this additional supplemental information in response to the above-referenced charge:

1. **Declaration of Jamie MacDonald.** The declaration of Jamie MacDonald, Plus One's Regional Vice President, is attached as Exhibit 3. We hope the Commission will accept this declaration as a satisfactory alternative to involving Plus One's client in this investigation.

2. **Additional Complaint Resolution Procedure.** In addition to the procedures described in Plus One's Employee handbook, Plus One also utilizes an outside vendor to accept complaints, anonymously, from employees who might be uncomfortable using Plus One's company procedures. A copy of the employee memorandum describing the service is attached as Exhibit 4.¹ To Plus One's knowledge, Charging Party never utilized this service.

Very truly yours,


Deborah Martin Norcross

¹ Exhibit 4 is given to new employees as one of their new hire documents. You will note that the date space on the memorandum is blank. As it was set up by Plus One's former Vice President of Human Resources, the date is automatically inserted each time it is printed.

Jm 0080

EXHIBIT 3

Jm0081

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

JORDAN MANN,

Charging Party,

vs.

PLUS ONE HOLDINGS, INC.,

Respondent.

EEOC Charge No. 520-2006-01431

DECLARATION OF JAMIE MACDONALD

1. My name is Jamie Macdonald. I have been employed by Plus One Holdings, Inc. (Plus One) as the Regional Vice President responsible for the Plus One account at Trump World Tower since 06/05/1995. This declaration is made on my own personal knowledge.

2. On or about April 3, 2006, I learned that our client, Trump World Tower (TWT), had service issues with Plus One and might seek to renegotiate, or even terminate, our contract with TWT.

3. On or about June 6, 2006, a TWT representative complained to me that the facility was not being opened timely (this was one of Jordan Mann's responsibilities) and that our receptionist (Ms. Mann) was "surly."

4. Two days later, on June 8, 2006, I learned that Ms. Mann had been involved in a verbal altercation with a TWT resident. According to our site manager, the resident ("Robert"), apparently thinking that Ms. Mann was providing his contact information to another resident with whom Robert had had an unrelated disagreement, swore at Ms. Mann and threatened to have Ms. Mann and the site manager (Michael Murray) fired. Ms. Mann became upset and asked if she could leave work early. Mr. Murray granted Ms. Mann's request and covered the rest of Ms. Mann's shift himself. As

JM 0082

far as I and the rest of Plus One's management were concerned, Ms. Mann did not do anything improper on this date.

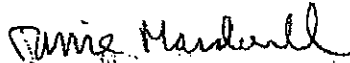
5. Ms. Mann's conduct the next morning, however, was entirely inappropriate. According to her, she became upset because Robert responded to her "good morning" with, "Don't speak to me, I don't want to talk to you." Ms. Mann claims that this upset her, but she inexplicably did not contact anyone within Plus One's management, nor did she call TWT building management or security. Instead, she called the New York Police Department.

6. TWT was quite properly outraged by Ms. Mann's conduct, and told me unequivocally that Ms. Mann "had to go from Trump World Tower and should have gone a long time ago." I agreed.

7. I am writing this Declaration in the hope that it will meet the EEOC's need for confirmation of the reason for Ms. Mann's dismissal. Given the tenuous state of Plus One's business relationship with TWT, I believe it would be very harmful to Plus One if it became necessary to involve TWT representatives in this matter.

8. I declare under penalty of perjury that the foregoing is true and correct.

Executed this 16th day of December, 2006.


Jamie Macdonald

JM 0082

EXHIBIT 4

Jm0083

Received Dec-18-2006 02:25pm

From-609 945 3912

To-EEOC-NYDO (7)

Page 086

Plus One Memorandum

+1

To: Plus One Team
From: Bob Welter
Date:
Re: 24-Hour Employee Hotline

Plus One's complaint procedure is thoroughly explained in the employee handbook, with descriptions of the contacts for reporting a complaint, the process of investigation of the incident, and the remedial action(s) commensurate with the circumstances.

However, if there is a reason that a team member might feel uncomfortable coming forward via our internal reporting process(es), Plus One has provided an additional resource to report unethical or illegal activity. The resource we have contracted is *Lighthouse*, a risk-free, anonymous, 24-hour hotline staffed by specialists who are trained to sensitively and thoughtfully debrief an employee by obtaining information on their particular issue.

The *Lighthouse* hotline is available to address issues in three areas:

- Human Resources
 - Sexual Harassment
 - Discrimination
 - Substance Abuse
 - Theft
- Sarbanes-Oxley Act
 - Complaints regarding internal accounting controls or auditing matters
 - Anonymous submission of concerns regarding questionable accounting or auditing matters
- Compliance and Ethics
 - Fraud
 - Misuse of company property
 - Improper conduct

Plus One Holdings, Inc. • 75 Maiden Lane • Suite 801 • New York, NY 10038 • 212.791.2300

Jm 0084

To simplify the reporting process, we have set up two methods to contact a **Lighthouse** specialist: through an anonymous 800 phone line or by going to their website at www.lighthouse-services.com. The phone for English-speaking employees is (800) 398-1496, and (800) 216-1288 for Spanish-speaking employees. The username to report an issue on the **Lighthouse** website is: PLUSONE, and the password is: HUMAN1.

Once again, this new resource is not a replacement or substitute for our normal grievance policy and procedure, but only an option to those who require anonymity to submit their complaint or issue in compliance with our grievance policy.

Our partnership with **Lighthouse** reaffirms the idea of One Best Team by providing the support and resources required of our entire team to continue to be the Gold Standard.

If you have any questions regarding Plus One's complaint procedure or the services offered by **Lighthouse**, please contact Bob Welter in the Human Resources Department at bob.welter@plusone.com or 646.312.6225.

+1



2

Jm 0885

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379 THORNALL STREET
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110 WALL STREET
NEW YORK, NEW YORK 10004

FAX COVER SHEET

TO: Joan Marchese
FAX: (212) 336-3625
FROM: Deborah Martin Norcross
DATE: December 18, 2006
RE: Mann v. Plus One Holdings, Inc.

NUMBER OF PAGES (INCLUDING COVER): 76

MESSAGE: Please see attached response to request for additional information.

** We are re-sending this because we have not been able to confirm that it went through on Friday.*

This cover sheet and any documents that accompany it contain confidential and legally privileged information intended only for the individual(s) named. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or other use of these documents is strictly prohibited and that the documents should be returned to the above address immediately.

Jm 0086

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379 THORNALL STREET
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110 WALL STREET
NEW YORK, NEW YORK 10004

December 15, 2006

By Facsimile: (212) 336-3790

Joan Marchese
Investigator
Equal Employment Opportunity Commission
33 Whitehall Street, 5th Floor
New York, New York 10004

Re: *Mann v. Plus One Holdings, Inc.*
Charge No. 520-2006-01431

Dear Ms. Marchese:

Thank you for providing us with the opportunity to supplement Respondent's submission in response to this charge.

Response to Request for Additional Information

1. ***Charging Party's Personnel File.*** A copy of Charging Party's personnel file is attached as Exhibit 1. Copies of her e-mail complaints, and Plus One's responses, are attached as Exhibit 1-A.
2. ***Employee Handbook.*** A copy of Plus One's Employee Handbook is attached as Exhibit 2.
3. ***Discipline, Termination, and Grievance Policies.*** Plus One's disciplinary, termination, and employee grievance policies can be found at pages 2 - 3, 8 - 11, 30, and 32 - 33 of the Employee Handbook.
4. ***Incident Leading to Dismissal.*** On June 8, 2006, Charging Party became involved in an argument with a resident of Trump World Tower (TWT). That resident, Robert, had just had an argument with another resident. Robert

Jm087

Joan Marchese
December 15, 2006
Page 2 of 3

approached Charging Party, who was on the telephone. Apparently thinking that Charging Party was providing Robert's contact information to the other resident, Robert swore at Charging Party and Michael Murray, the site manager, who also was present, and threatened to have them both fired. Charging Party became upset and asked to leave work early. Mr. Murray allowed Charging Party to leave and covered the rest of her shift himself. This is where the incident should have ended.

The next day, however, Charging Party provoked a continuation of the argument. According to Charging Party, she approached Robert as he was exiting the elevator. She then became upset when Robert responded to her "Good Morning," with, "Don't speak to me. I don't want to talk to you." At that point, inexplicably, and totally without any reasonable justification, Charging Party called the New York Police Department to report Robert for harassment. She did not contact anyone in Plus One's management or anyone at TWT.

TWT was properly outraged by Charging Party's conduct. Jamie MacDonald, Plus One's Regional Vice President responsible for the TWT account, was told that Charging Party "had to go." Mr. MacDonald agreed, and made the decision to remove Charging Party from her position. See also Declaration of Jamie MacDonald, to be submitted separately.

5. **Other Retaliation/Discrimination Complaints.** Other than the charge filed by Charging Party, Plus One has had no claims of unlawful retaliation. During the period January 1, 2003 to the present, Plus One has received three complaints alleging race or gender discrimination:

a.

b.

c.

↑
DELETION
↓

0088

Joan Marchese
December 15, 2006
Page 3 of 3

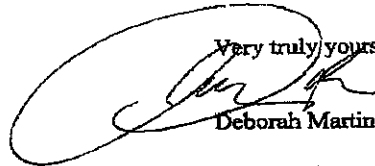
-DELETION-

6. Request for TWT Contact. We respectfully request that the Commission permit Plus One to submit a properly executed declaration from the Plus One Regional Vice President who made the decision to terminate Charging Party in lieu of involving TWT in this investigation. Plus One's business relationship with TWT is tenuous, partially because of Charging Party's conduct. Plus One is very concerned that the Trump organization will terminate its entire relationship with Plus One if TWT is brought into this matter. Moreover, while TWT insisted that Charging Party be removed from the TWT site, it was Plus One who made the ultimate decision to remove her from the site and to terminate her employment. We will provide that declaration under separate cover.

Request for Mediation

As new counsel in this matter, and after reviewing this charge and the events leading to it, I believe this dispute may be capable of resolution through the Commission's mediation program or through a pre-determination settlement/conciliation process. We would appreciate the Commission's assistance in this regard.

Very truly yours,



Deborah Martin Norcross

JM 0089

EXHIBIT 1

Received Dec-18-2006 11:18am From-609 945 3912 To-EEOC-NYDO (7) Page 005

jm0090

IMPORTANT NOTES - PLEASE READ	
<p>This form must be submitted before a first paycheck can be issued. New employees must have completed ALL NEW HIRE PAPERWORK. This form should be used for any changes in compensation (salary, wages, benefits, paid leave), change in home base, or change in employment status. All changes in address, marital status, or tax deductions must be submitted via a new W-4 form. Deductions and coverage of health insurance begin ONE month after employment date. Please send a copy of this form to the Plus One Payroll Manager.</p>	
<div style="font-size: 48pt; text-align: center;">+1</div>	<p>PLUS ONE PAYROLL SHEET - please print clearly</p> <p>Last Name: <u>Mann</u> First: <u>Jordan</u></p> <p>Address: <u>259 5th St.</u></p> <p>City: <u>Jersey City</u></p> <p>State: <u>nj</u> Zip: <u>07302</u></p> <p>Soc. Sec #: <u>147781202</u></p> <p>D.O.B.: <u>10/8/1968</u> M <input type="checkbox"/> F <input checked="" type="checkbox"/></p> <p>Telephone: <u>201 520-0498</u> Mobile Phone/Other: _____</p> <p>E-Mail Address: _____</p> <p>Emergency Contact: <u>Dolores Rock</u> Emergency Telephone: <u>803 437-8764</u></p>
	<p>POSITION TITLE <u>Receptionist</u> or if CHQ, please write title: _____</p>
	<p>DEPT NUMBER (E.G. 51200 - CLERICAL) <u>Administration Direct Expense - 51200</u></p>
	<p>LOCATION (E.G. CADNY - CADWALADER) Choose One - Sites A - Me <u>Trump World Tower - WORN</u></p> <p>Choose One - CHQ _____</p>
	<p><input checked="" type="checkbox"/> HOME <input type="checkbox"/> SECONDARY JOB / POSITION</p>
	<p>PAYROLL STATUS</p> <p>Other Change _____</p> <p>Effective <u>3/5/2006</u></p> <p>Other Change - please explain: _____</p>
	<p>TERMINATION</p> <p>Choose One <u>Involuntary Termination</u></p> <p>Effective <u>3/5/2006</u></p> <p>Reason: Choose One _____</p> <p>Other - please explain: _____</p>
	<p>WAGES</p> <p>Employment Type: <u>Full Time</u></p> <p>Pay Type: <u>Hourly</u></p> <p>Annual Salary _____/year</p> <p>Bi-weekly Amount _____</p> <p>Based on <u>10</u>/hour</p> <p>Billable rate _____/hour</p> <p>Pay Diff. Wage _____/hour</p> <p>O.T. Wage _____/hour</p> <p>Bonus Structure: _____</p> <p>Commission Structure: _____</p>
<p>SPA WAGES</p> <p>Rate _____/hour</p> <p>Service Rate _____/session</p> <p>Call in Rate _____/session</p> <p>After hours in-room _____/session</p> <p>Body Treatment _____/session</p> <p>In room _____/session</p> <p>Chair Massage _____/session</p>	
<p>BENEFITS</p> <p>Health Insurance <u>Elected to enroll in Health Insurance</u></p> <p>Deduct Employee - <u>3%</u></p> <p>Transit Check Choose One _____</p> <p>Amount _____</p> <p>Amount Per Choose One _____</p>	
<p>Education Reimbursement Amount <u>0</u> per Choose One</p> <p>Other - please explain: _____ Amount _____ per Choose One</p> <p>Paid Leave Per Year</p> <p>Vacation <u>10</u> Sick <u>3</u></p> <p>Personal <u>2</u> Holiday <u>6</u></p>	
<p>NOTES</p>	
<p>Approval Signature: _____ Date: <u>3/3/2006</u></p> <p>Electronic Signature: <u>Tom Nitzczak</u></p>	

JM 0099

2.3.1 you shall not, directly or indirectly, compete with us using any customer(s) or client(s) appearing on our books and records at any business, firm, entity, or activity which solicits, sells to, performs services or otherwise does business in competition with us or any of our subsidiaries, affiliates or licensees whether or not you shall receive and remuneration therefore.

2.3.2 you shall not solicit any full time employee of PLUS ONE HOLDINGS, INC., to work for you or on your behalf, for any entity for which you act as an agent or of which you are a shareholder, partner, joint venture, owner, controlling party, director, officer, employee, consultant, free lance worker or independent contractor whether or not you receive remuneration or such capacity.

3. The restrictions in this subparagraph 2.3 shall apply to the Borough of Manhattan as to any of our facilities located in Manhattan and within a twenty-five (25) mile radius from any office or facility of PLUS ONE HOLDINGS, INC., or any subsidiaries, affiliates or licensees of PLUS ONE HOLDINGS, INC., located somewhere else.

Director of Massage Therapy Date

Blenda Mann 8-12-02

Massage Therapist Date

IMPORTANT NOTES - PLEASE READ		
<p>This form must be submitted before a first paycheck can be issued. New employees must have completed ALL NEW HIRE PAPERWORK. This form should be used for any changes in compensation (salary, wages, benefits, paid leave), change in home base, or change in employment status. All changes in address, marital status, or tax deductions must be submitted via a new W-4 form. Deductions and coverage of health insurance begin ONE month after employment date. Please send a copy of this form to the Plus One Payroll Manager.</p>		
<h1>+1</h1>	<p>PLUS ONE PAYROLL SHEET - please print clearly</p> <p>Last Name: <u>Mann</u> First: <u>Jordani</u></p> <p>Address: <u>259 5th St.</u></p> <p>City: <u>Jersey City</u></p> <p>State: <u>nj</u> Zip: <u>07302</u></p> <p>Soc. Sec #: <u>147781209</u></p> <p>D.O.B.: <u>10/8/1968</u> M <input type="checkbox"/> F <input checked="" type="checkbox"/></p> <p>Telephone: <u>201 432-0498</u> Mobile Phone/Other: _____</p> <p>E-Mail Address: _____</p> <p>Emergency Contact: <u>Delores Rack</u> Emergency Telephone: <u>801 432-8764</u></p>	
	<p>POSITION TITLE <u>Receptionist</u> or if CHQ, please write title: _____</p>	
	<p>DEPT NUMBER (E.G. 51200 - CLERICAL) <u>Administration Direct Expense - 51200</u></p>	
	<p>LOCATION (E.G. CADNY - CADWALADER) Choose One - Sites A - Me Trump World Tower - WORN</p> <p>Choose One - CHQ</p>	
	<p><input checked="" type="checkbox"/> HOME <input type="checkbox"/> SECONDARY JOB / POSITION</p>	
	<p>PAYROLL STATUS</p> <p>Other Change</p> <p>Effective <u>3/5/2006</u></p> <p>Other Change - please explain: _____</p>	<p>TERMINATION</p> <p>Choose One</p> <p>Effective _____ / ____ /20____</p> <p>Reason: Choose One</p> <p>Other - please explain: _____</p>
	<p>WAGES</p> <p>Employment Type: <u>Full Time</u></p> <p>Pay Type: <u>Hourly</u></p> <p>Annual Salary _____ /year</p> <p>Bi-weekly Amount _____</p> <p>Based on <u>10</u>/hour</p> <p>Billable rate _____ /hour</p> <p>Pay Diff. Wage _____ /hour</p> <p>O.T. Wage _____ /hour</p> <p>Bonus Structure: _____</p> <p>Commission Structure: _____</p>	<p>SPA WAGES</p> <p>Rate _____ /hour</p> <p>Service Rate _____ /session</p> <p>Call in Rate _____ / session</p> <p>After hours in-room _____ / session</p> <p>Body Treatment _____ / session</p> <p>In room _____ / session</p> <p>Chair Massage _____ / session</p>
	<p>BENEFITS</p> <p>Health Insurance Elected to enroll in Health Insurance</p> <p>Deduct Employee - 3%</p> <p>Transit Check Choose One</p> <p>Amount _____</p> <p>Amount Per Choose One</p>	<p>Education Reimbursement Amount <u>0</u> per Choose One</p> <p>Other - please explain: _____ Amount _____ per Choose One</p> <p>Paid Leave Per Year</p> <p>Vacation <u>10</u> Sick <u>3</u></p> <p>Personal <u>2</u> Holiday <u>6</u></p>
	<p>NOTES</p>	
	<p>Approval Signature: _____ Date: <u>3/3/2006</u></p> <p>Electronic Signature: <u>Tom Nlaczak</u></p>	

<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">+1</div> <div style="text-align: right;"> PLUS ONE PAYROLL SHEET - please print neatly </div>		Employee File # 10, 8, 68 7.M. (P)	
1. Last Name: <u>Mann</u>		6. DOB: <u>10, 8, 68</u>	
2. Address: <u>104 Prospect St. Jersey City, NJ</u>		7. City: <u>Jersey City</u>	
3. Sex: <u>M</u>		8. State: <u>NJ</u>	
4. Telephone: <u>201 963 5302</u>		9. Zip: <u>07307</u>	
5. Emergency Contact: <u>Cheryl Mann</u>		11. Supervisor: <u>917 705 9660</u>	
		12. Secretary Title: <u>212 787 8420</u>	

13. POSITION TITLE <u>Massage Therapist</u> 14. HOME DEPT. <u>ML Greene Street</u> PAYROLL STATUS 15. <input checked="" type="checkbox"/> New Employee - Effective <u>8/12/2002</u> 16. <input type="checkbox"/> Compensation Change - Effective <u>1/20</u> 17. <input type="checkbox"/> Voluntary Termination - Effective <u>1/20</u> 18. <input type="checkbox"/> Involuntary Termination - Effective <u>1/20</u> 19. <input type="checkbox"/> Other Change - Effective <u>1/20</u> WAGES 20. <input type="checkbox"/> Salary or <input checked="" type="checkbox"/> Hourly <u>per treatment</u> 21. Annual Salary <u> </u> /year 22. Based on <u>\$ 32.50</u> /hour 23. Pay Diff. Wage <u> </u> /hour 24. O.T. Wage <u> </u> /hour BENEFITS 25. Health Insurance 26. <input type="checkbox"/> Deduct <u> </u> % <input type="checkbox"/> Single <input type="checkbox"/> H&W <input type="checkbox"/> Family 27. <input type="checkbox"/> No Health Insurance 28. <input type="checkbox"/> Waiver Signed 29. Transit Check 30. <input type="checkbox"/> Plus One Pays <u> </u> /year 31. <input type="checkbox"/> Deduct <u> </u> /year 32. <input type="checkbox"/> No Transit Check 33. Reimbursements 34. <input type="checkbox"/> Education <u> </u> /year 35. <input type="checkbox"/> Other <u> </u> /year 36. Paid Leave Per Year 37. <u>Y</u> <u>S</u> <u>P</u> <u>H</u> 38. For Massage Only -- Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 39. Approval Signature: <u>[Signature]</u> Date: <u> </u>	13. POSITION TITLE <u>Massage Therapist</u> 14. HOME DEPT. <u>ML GREENE ST</u> PAYROLL STATUS 15. <input type="checkbox"/> New Employee - Effective <u>1/20</u> <u>9/12/04</u> 16. <input checked="" type="checkbox"/> Compensation Change - Effective <u>9/12/04</u> 17. <input type="checkbox"/> Voluntary Termination - Effective <u>1/20</u> 18. <input type="checkbox"/> Involuntary Termination - Effective <u>1/20</u> 19. <input type="checkbox"/> Other Change - Effective <u>1/20</u> WAGES 20. <input type="checkbox"/> Salary or <input checked="" type="checkbox"/> Hourly <u>9/1/04</u> 21. Annual Salary <u> </u> /year 22. Based on <u>35.50</u> /hour 23. Pay Diff. Wage <u> </u> /hour 24. O.T. Wage <u> </u> /hour BENEFITS 25. Health Insurance 26. <input type="checkbox"/> Deduct <u> </u> % <input type="checkbox"/> Single <input type="checkbox"/> H&W <input type="checkbox"/> Family 27. <input type="checkbox"/> No Health Insurance 28. <input type="checkbox"/> Waiver Signed 29. Transit Check 30. <input type="checkbox"/> Plus One Pays <u> </u> /year 31. <input type="checkbox"/> Deduct <u> </u> /year 32. <input type="checkbox"/> No Transit Check 33. Reimbursements 34. <input type="checkbox"/> Education <u> </u> /year 35. <input type="checkbox"/> Other <u> </u> /year 36. Paid Leave Per Year 37. <u>V</u> <u>S</u> <u>P</u> <u>H</u> 38. For Massage Only -- Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 39. Approval Signature: <u>[Signature]</u> Date: <u>9/1/04</u>
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40. Important Notes - Please Read
 This form must be submitted before a first paycheck can be issued. New employees must have a W-4 and I-9 attached. This form should be used for any changes in compensation (salary, wages, benefits, paid leave), change in home base, or change in employment status. All changes in address, marital status, or tax deductions must be submitted via a new W-4 form. Deductions and coverage of health insurance begin three months after employment date. Transit checks for new employees will be distributed approximately 45 days after employment date. Please send a copy of this form to: Payroll Administrator

<div style="float: left; font-size: 2em; font-weight: bold;">+1</div> PLUS ONE PAYROLL SHEET - please print neatly		Employee File # <u>9163</u>
1. Last Name: <u>MIANN</u> First: <u>PILATA</u> 2. Address: _____ 3. Soc. Sec. #: _____ 4. Telephone: _____ 5. Emergency Contact: _____ 13. E-mail Address: _____	6. D.O.B.: ____/____/____ 7. M ____ F ____ 8. City: _____ 9. State: _____ 10. Zip: _____ 11. Recipient Other: _____ 12. Emergency Tele.#: _____	
14. POSITION TITLE <u>Massage Therapist</u>	14. POSITION TITLE _____	
15. HOME DEPT. <u>MC GREEN STREET</u>	15. HOME DEPT. _____	
PAYROLL STATUS 16. <input type="checkbox"/> New Employee—Effective ____/____/20____ 17. <input checked="" type="checkbox"/> Compensation Change—Effective <u>1/18/2004</u> 18. <input type="checkbox"/> Voluntary Termination—Effective ____/____/20____ Reason: _____ 19. <input type="checkbox"/> Involuntary Terminated—Effective ____/____/20____ Reason: _____ 20. <input type="checkbox"/> Other Change Effective ____/____/20____	PAYROLL STATUS 16. <input type="checkbox"/> New Employee Effective ____/____/20____ 17. <input type="checkbox"/> Compensation Change—Effective ____/____/20____ 18. <input type="checkbox"/> Voluntary Termination—Effective ____/____/20____ Reason: _____ 19. <input type="checkbox"/> Involuntary Termination—Effective ____/____/20____ Reason: _____ 20. <input type="checkbox"/> Other Change Effective ____/____/20____	
WAGES Hourly <u>\$ 5.15</u> Service <u>\$ 24.70</u> Call In <u>+ \$ 7.80</u> In Room <u>+ \$ 12.50</u> After Hours In Room <u>\$ 7.50</u> Chair Massage <u>145</u> Body Tx <u>+ \$ 2.50</u>	WAGES Hourly _____ Service _____ Call In _____ In Room _____ After Hours In Room _____ Chair Massage _____ Body Tx _____	
BENEFITS 27. Health Insurance 28. <input type="checkbox"/> Deduct ____% <input type="checkbox"/> Ee <input type="checkbox"/> +Sp <input type="checkbox"/> +Ch <input type="checkbox"/> Family 29. <input checked="" type="checkbox"/> No Health Insurance 30. <input type="checkbox"/> Waiver Signed 31. Transit Check 32. <input type="checkbox"/> Plus One Pays ____/year 33. <input type="checkbox"/> Deduct ____/year 34. <input checked="" type="checkbox"/> No Transit Check 35. Reimbursements 36. <input type="checkbox"/> Education ____/year 37. <input type="checkbox"/> Other ____/year 38. Paid Leave Per Year 39. V ____ S ____ P ____ H ____	BENEFITS 27. Health Insurance 28. <input type="checkbox"/> Deduct ____% <input type="checkbox"/> Ee <input type="checkbox"/> +Sp <input type="checkbox"/> +Ch <input type="checkbox"/> Family 29. <input type="checkbox"/> No Health Insurance 30. <input type="checkbox"/> Waiver Signed 31. Transit Check 32. <input type="checkbox"/> Plus One Pays ____/year 33. <input type="checkbox"/> Deduct ____/year 34. <input type="checkbox"/> No Transit Check 35. Reimbursements 36. <input type="checkbox"/> Education ____/year 37. <input type="checkbox"/> Other ____/year 38. Paid Leave Per Year 39. V ____ S ____ P ____ H ____	
40. For Massage Only — Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 41. Approval Signature: <u>Martin Narcross</u> Date <u>1/18/04</u>	40. For Massage Only — Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 41. Approval Signature: _____ Date _____	

This form must be submitted before a first paycheck can be issued. New employees must have a W-4 and I-9 attached. This form should be used for any changes in compensation (salary, wages, benefits, paid leave), change in home base, or change in employment status. All changes in address, marital status, or tax deductions must be submitted via a new W-4 form. Deductions and coverage of health insurance begin three months after employment date. Transit checks for new employees will be distributed approximately 45 days after employment date. Please send a copy of this form to: Payroll Administrator

<div style="float: left; font-size: 2em; font-weight: bold;">+1</div> <div style="float: right;"> PLUS ONE PAYROLL SHEET - please print neatly Employee File # <u>7165</u> </div> <div style="clear: both;"></div>	
1. Last Name: <u>Mann</u> First: <u>Rhonda</u> 2. Address: <u>104 Prospect St. Jersey City, NJ</u> 3. Apt. or Rm. #: <u>147 78 1209</u> 4. Telephone: <u>201 963 5302</u> 5. Emergency Contact: <u>Cheryl Mann</u>	6. D.O.B.: <u>10, 8, 68</u> T.M.: <u>(F)</u> 7. City: <u>Jersey City</u> 8. State: <u>NJ</u> 10. Zip: <u>07307</u> 11. Employer/Other: <u>917 705 9660</u> 12. Emergency Tel. #: <u>212 280 9620</u>
13. POSITION TITLE <u>Massage Therapist</u> 14. HOME DEPT. <u>ML Greene Street 31600</u> PAYROLL STATUS 15. <input checked="" type="checkbox"/> New Employee—Effective <u>8/12/2002</u> 16. <input type="checkbox"/> Compensation Change—Effective <u>1</u> / <u>20</u> 17. <input type="checkbox"/> Voluntary Termination—Effective <u>1</u> / <u>20</u> 18. <input type="checkbox"/> Involuntary Termination—Effective <u>1</u> / <u>20</u> 19. <input type="checkbox"/> Other Change—Effective <u>1</u> / <u>20</u> WAGES 20. <input type="checkbox"/> Salary or <input checked="" type="checkbox"/> Hourly <u>per treatment</u> 21. Annual Salary _____ /year 22. Based on \$ <u>32.50</u> /hour 23. Pay Diff. Wage _____ /hour 24. O.T. Wage _____ /hour BENEFITS 25. Health Insurance <input checked="" type="checkbox"/> 26. <input type="checkbox"/> Deduct _____ % <input type="checkbox"/> Single <input type="checkbox"/> H&W <input type="checkbox"/> Family 27. <input checked="" type="checkbox"/> No Health Insurance 28. <input type="checkbox"/> Waiver Signed 29. Transit Check <input checked="" type="checkbox"/> 30. <input type="checkbox"/> Plus One Pays _____ /year 31. <input checked="" type="checkbox"/> Deduct _____ /year 32. <input type="checkbox"/> No Transit Check 33. Reimbursements 34. <input type="checkbox"/> Education _____ /year 35. <input checked="" type="checkbox"/> Other _____ /year 36. Paid Leave Per Year 37. V <u>S</u> <u>P</u> <u>H</u> 38. For Massage Only — Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 39. Approval Signature: <u>[Signature]</u> Date: <u>8/9/02</u>	13. POSITION TITLE 14. HOME DEPT. PAYROLL STATUS 15. <input type="checkbox"/> New Employee—Effective <u>1</u> / <u>20</u> 16. <input type="checkbox"/> Compensation Change—Effective <u>1</u> / <u>20</u> 17. <input type="checkbox"/> Voluntary Termination—Effective <u>1</u> / <u>20</u> 18. <input type="checkbox"/> Involuntary Termination—Effective <u>1</u> / <u>20</u> 19. <input type="checkbox"/> Other Change—Effective <u>1</u> / <u>20</u> WAGES 20. <input type="checkbox"/> Salary or <input type="checkbox"/> Hourly 21. Annual Salary _____ /year 22. Based on _____ /hour 23. Pay Diff. Wage _____ /hour 24. O.T. Wage _____ /hour BENEFITS 25. Health Insurance 26. <input type="checkbox"/> Deduct _____ % <input type="checkbox"/> Single <input type="checkbox"/> H&W <input type="checkbox"/> Family 27. <input type="checkbox"/> No Health Insurance 28. <input type="checkbox"/> Waiver Signed 29. Transit Check 30. <input type="checkbox"/> Plus One Pays _____ /year 31. <input type="checkbox"/> Deduct _____ /year 32. <input type="checkbox"/> No Transit Check 33. Reimbursements 34. <input type="checkbox"/> Education _____ /year 35. <input type="checkbox"/> Other _____ /year 36. Paid Leave Per Year 37. V <u>S</u> <u>P</u> <u>H</u> 38. For Massage Only — Please check all that apply: <input type="checkbox"/> Shiatsu <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Reflexology <input type="checkbox"/> Other <input type="checkbox"/> Men in room 39. Approval Signature: _____ Date: _____

40. Important Notes — Please Read

This form must be submitted before a first paycheck can be issued. New employees must have a W-4 and I-9 attached. This form should be used for any changes in compensation (salary, wages, benefits, paid leave), change in home base, or change in employment status. All changes in address, marital status, or tax deductions must be submitted via a new W-4 form. Deductions and coverage of health insurance begin three months after employment date. Transit checks for new employees will be distributed approximately 45 days after employment date. Please send a copy of this form to: Payroll Administrator

*CHANGES 3-31-06 212269 2905

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$200 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return. See instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 8 below.

Tax credits. You can take projected tax credits into account in figuring your allowable withholding allowances. Creditable for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 510, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Married couple. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1041-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earner/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 9233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$180,000 (single) or \$280,000 (married).

Review names carefully. If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent. A

B Enter "1" if: B

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work or your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have more than one job. (Entering "0" may help you avoid having too little tax withheld.) C

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. F

G Child Tax Credit (including additional child tax credit): G

- If your total income will be less than \$55,000 (\$62,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$93,000 (\$62,000 and \$111,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) H 2

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$38,000 (\$28,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 9 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 **Employee's Withholding Allowance Certificate** OMB No. 1545-0046

Department of the Treasury 2006

Internal Revenue Service

1. Print your name and middle initial. **Jordan Rhonda**

2. Print your last name. **MANN**

3. Your social security number. **147-78-1203**

4. Home address (number and street or rural route). **239 5th Street**

5. City or town, state, and ZIP code. **Jersey City, NJ 07302**

6. ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. 7

7. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐

8. Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2. 8 2

9. Additional amount, if any, you want withheld from each paycheck. 9

10. I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. 10

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. 11

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it). **[Signature]**

Date. **3-31-06**

12. Employer's name and address (Employer Complete lines 9 and 10 only if sending to the IRS.) 12

13. Office code (optional). 13

14. Employer identification number (EIN). 14

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0046

Form W-4 (2006)

Received Dec-18-2006 11:18am

From-609 945 3912

To-EEOC-NYDO (7)

Page 012

0097

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and attach Form 1040-EZ. Your exemption for 2006 expires February 15, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$200 and (b) you are more than \$300 of unearned income for example, interest and dividends) and (c) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 8 below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 712, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Marriage income. If you have a large amount of marriage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earner/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs or withholding allowances from only one Form W-4. Your withholding allowances usually will be most accurate when all withholding allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8833 before completing this Form W-4.

Check your withholding. After your Form W-4 is processed, use Pub. 915 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 915, especially if your earnings exceed \$150,000 (single) or \$300,000 (married).

Recent name change. If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to inform a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A

B Enter "1" if B

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 603, Child and Dependent Care Expenses, for details.) F

G Child Tax Credit (including additional child tax credit): G

- If your total income will be less than \$55,000 (\$62,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$84,000 (\$62,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$55,000 (\$62,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 6 of Form W-4 below.

Out here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Form **W-4** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 2006

1 Name or print your first name and middle initial. Last name 2 Your social security number

Jordan Rhonda Mann 147-78-1209

3 Home address (number and street or rural route) 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

269 5th St 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Jersey City, NJ 07302 6 Additional amount, if any, you want withheld from each paycheck

0

7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all federal income tax withheld because I expect to have no tax liability.
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write **Exempt** here. 8 Date

3-14-06

Under penalties of perjury, I declare that I have furnished this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature 9 Office code (optional)

[Signature] 10 Employer identification number (EIN)

Employer's name and address (Employer must complete lines 9 and 10 only if sending to the IRS)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Oct. No. 104200 Form W-4 (2006)

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 15, 2003. See Pub. 608, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two-earner/two-jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 2231 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$126,000 (single) or \$175,000 (married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Notes: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G Child Tax Credit (including additional child tax credit): • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children. • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.	G _____
H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.	H _____
For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2002
1 Type or print your first name and middle initial Rhonda R		Last name Mann		2 Your social security number 147-78-1209
Home address (number and street or rural route) 104 Prospect Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Jersey City NJ 07307		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$ 0		
7 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature Rhonda Mann		8-7-02		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

Cat. No. 10220Q

Form NJ-W4
 (11-99, REV. 0)

State of New Jersey - Division of Taxation
 Employee's Withholding Allowance Certificate
 For Tax Years on or after 2001

1. SSN <u>147 78 1209</u>		2. Filing Status: (Check only one box)	
Name <u>Rhonda Mann</u>		1. <input checked="" type="checkbox"/> Single	
Address <u>104 Prospect Street</u>		2. <input type="checkbox"/> Married Joint	
City <u>Jersey City</u> State <u>NJ</u> Zip <u>07307</u>		3. <input type="checkbox"/> Married Separate	
		4. <input type="checkbox"/> Head of Household	
		5. <input type="checkbox"/> Qualifying Widow(er)	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....		3. <u>0</u>	
4. Total number of allowances you are claiming (see instructions).....		4. <u>0</u>	
5. Additional amount you want deducted from each pay.....		5. <u>0</u>	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter 'EXEMPT' here.		6. <u>0</u>	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate entitled to claim exempt status.			
Employer's Signature <u>Rhonda Mann</u>		Date <u>8-13-02</u>	
Employer's Name and Address		Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
 Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married Separate) you will be withheld at Rate A.
 Note: If you have checked Box 2 (Married Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)) and either your spouse or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A, below. If you do not complete Line 3 you will be withheld at Rate B.
 Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
 Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
 Line 5 Enter the amount of additional withholdings you want deducted from each pay.
 Line 6 Enter 'EXEMPT' to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
 • Your filing status is SINGLE, HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER) and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 • Your filing status is MARRIED JOINT, and your wages combined with your spouse's wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 • Your filing status is MARRIED SEPARATE and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 Your exemption is good for ONE year only. You must complete and submit a form next year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have any questions about eligibility, filing status, etc. when completing this form, call the Division of Taxation Customer Service Center at 609-292-6406.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married filing jointly, heads of households or qualifying widows(er)s. Single individuals or married individuals filing separate returns do not need to use this chart.
 If you have indicated filing status #2, 4 or 5 on the NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart (See the Rate Tables on the reverse side to estimate your withholding amount.)

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the letter of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should submit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

Total of All Other Wages		0	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	OVER 90,000
YOUR WAGES	0	B	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E	E
	60,001	B	C	D	E	E	E	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E	E

Aug 06 02 08:13a

The Resource Room

1201-413-1931

p. 2

H1237
8.2.02

RHONDA MANN 104 Prospect St., Jersey City, NJ 07307 phone: 201 963 6302
email: buddhachild1@yahoo.com

SUMMARY OF QUALIFICATIONS/EXPERIENCE:

1. Strong working knowledge of holistic health modalities and industry.
2. Specialization in Swedish massage and practitioner of reflexology and sport massage.
3. Managed budgets and created forecasts for small businesses.
4. Developed marketing/promotion plans for wellness organizations.
5. Event planning: various workshops on holistic health, spirituality, etc.
6. Created marketing and promotion plans for entertainment products.
7. Head of office administration/operations for small business.

EMPLOYMENT:
2001 - PRESENT

MASSAGE THERAPIST & HOLISTIC HEALTH COUNSELOR
HEALING ARTS, JERSEY CITY, NJ

2002 - PRESENT

MASSAGE THERAPIST
SPA 2, BERGEN MALL, PARAMUS, NJ

2001 - PRESENT

WELLNESS COMMITTEE
AUDRE LORDE PROJECT, BROOKLYN, NY

2001 - 02

WELLNESS DESK COORDINATOR (VOLUNTEER)
NEW YORK OPEN CENTER, NEW YORK, NY

1999-2000

CONTRACT ADMINISTRATION
HOME BOX OFFICE, NEW YORK, NY

EDUCATION:

HOWARD UNIVERSITY, Wash., D.C. - B.A.
Major: Journalism Minor: Theater Arts

INSTITUTE FOR INTEGRATIVE NUTRITION, New York, NY
Major: Holistic Wellness

HELMA INSTITUTE, Saddle Brook, NJ
Candidate for Massage Therapist Certification - Dec. 2002
Concentration: Swedish Massage, Shiatsu

SKILLS:

Microsoft Word, Excel, Lotus Notes, Typing: 65 w.p.m.

ADDITIONAL:

Certified Holistic Health Counselor, Member: Association of Drugless Practitioners

Received Dec-18-2006 11:18am

From-609 945 3912

To-EEOC-NYDO (7)

Page 016

Jm 0101

+1
fitness

Application for Employment
(An Equal Opportunity Employer)
Please fill out both sides of application

Personal Information

Name Rhonda Mann Date 8-7-02
Address 104 Prospect Street
City Jersey City State NJ Zip 07307
E-Mail Address buddhachild1@yahoo.com
Phone (Home) 201 963 5302 (other) 917 705 9660
Social Security #: 147 78 1209 Sex: M ☒ F
Are you 18 years or older? ☒ Yes ☐ No (if not) Date of Birth 1/1/
Are you a U.S. citizen or an alien authorized to work in the United States? ☒ Yes ☐ No

Employment Desired

Position Massage Therapist Start Date 8/13/02 Salary Desired _____
Are you employed now? NO If so, may we inquire of your present employer? _____
Ever applied to this company before? NO When? _____
Referred by Hudson Reporter

Education

	Name & Location of School	No. of years Attended	Did you Graduate?	Subjects Studied
College	<u>Howard Univ., Wash. DC</u>	<u>4</u>	<u>yes</u>	<u>Communications</u>
Trade, Business or Correspondence School	<u>Institute for Integrative Nutrition, NY NY</u>	<u>Also</u>	<u>Yes</u>	<u>Helma Institute of Massage Saddle Brook, NJ Swedish/Shiatsu</u>
Special Studies, Workshops, Seminars in Fitness, Wellness	<u>Certified Holistic Health Counselor</u>	<u>1 YR</u>	<u>Graduated</u>	<u>holistic health</u>

General

Subjects of special study or research work (i.e. massage, yoga, aerobics, etc.)
Massage
Certifications Holistic Health Counselor
Extracurricular activities _____
Computer skills Microsoft Word, Publisher & Excel
U.S. Military or Naval Service N/A
Have you ever been convicted of a felony? ☒ Yes ☐ No
(A positive response will not necessarily affect your eligibility to be hired.)
If yes, please explain: _____

Jm 0102

Former Employers (List below last three employers, starting with last one first).

Date Month and Year	Name and address of employer	Salary	Position	Reason for leaving
From JUN 99 To FEB 01	HBO 1100 6th Ave. NYC	\$35,000	Assistant	career change
From JAN 99 To JUN 99	Harvey & Co Chappaqua, NY	\$30,000	Talent Manager	location too far from home
From DEC 97 To Dec 98	Hoffman Ent. New York, NY	\$27,500	Tour Coordinator	better job

References

(List three persons not related to you. Whom you have known at least one year).

Name	Phone	Business	Years Acquainted
1. Mary Healy	212 522 1010	HBO	8 yrs
2. Donna Johns	212 252 0290	Entertainment	10 yrs
3. Chrissy Mvira	212 707 2000	Atlantic Records	10 yrs

In case of emergency: Notify Cheryl Mann Relation Sister

Phone No. (1) 212 280 8620 (2) _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is at will, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Signature Pranda Mann Date 8-7-02

Do Not Write Below This Line

Interviewed by: _____ Date _____

Hired: Yes _____ No _____ Position _____ Location _____

Salary/Wage _____ Date reporting to work _____

Approved by: 1. _____ 2. _____ 3. _____

(Signature) General _____ Dept Head _____ Employment Mgr _____

Jm 0103

- You may come in during another therapist shift to get a massage, but you must book it through the front desk and you are bumpable for a paying client.
- As staff the appointment max is 1 hour, if you want a longer massage this must be OK'd by Lauren Motta or the site manager.

FILL IN /SUB THERAPIST ONLY:

- If you have no shifts and are filling in only, you will be required to cover 6 appointments per month to remain on the cover list.
- If you cover 1 full shift during the month, that will accommodate your requirements.

FOOD:

- You may eat a snack or lunch in the massage room during your break. Please refrain from items such as tuna/onion sandwiches, which will leave a strong odor for the next client to smell.
- You may have water in the room while working or anywhere in the site.
- Please do not drink coffee, juice or soda while in view of clients. Use the office or back of house areas.
- As stated before make sure any food you do have is out of sight of any and all clients.

PAPERWORK:

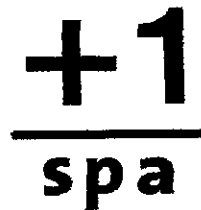
- Make sure you fill out your payroll sheets completely
- Keep track of you hours and check them to make sure we don't make any mistakes
- If you move while working for us let us know
- If your phone number changes let Lauren Motta know
- With every license registration renewal we need a new copy

Theresa Shann
Signature

8-7-02
Date

Signature

Date



SESSION PROTOCOLS

- *You must always* introduce yourself to the client, tell them your name, shake their hand and tell them "I will be working with you today."
- *You must always* ask them medical questions: recent surgeries, injuries, medications, high/ low blood pressure, contacts, pregnant, sensitivity to aroma's, oils or nut allergies. **NO EXCEPTIONS** use the intake form as a guideline
- *You must always* If client comes in late you can do needs assessment and health questions during your opening movements.
- *You must always* ask them what they would like concentrated on, **listen and remember**
- *You must always* : if it is a half hour massage ask them if they would like a full body or just to concentrate on a specific area.
- *You must always* tell them how you would like them to lie on the table, where they can put their robe and **LEAVE THE ROOM.**
- *You must always* make sure the client is fully draped (**ALWAYS AND EVERYONE**) and proceed with your treatment.
- *You must always* At the end of the massage drape the clients robe over them, or on the stool next to them. Say "here is your robe, don't forget to check your pockets". If the client has glasses give those to them as well, place slippers at side of table so client will slip right into them.
- *You must always* If a client has taken off a necklace and given it to you, put the necklace **ON THE CLIENT** before you leave room.
- *You must always* Offer client water at end of session, have water in the room with you or meet them outside the room with it. (Plaza, you must be outside room)
- *You must always* direct client back to locker room (at Plaza you need to escort them to end of treatment hall, open door)

• *Theresa Starn*

Signature

8-7-02

Date

**ACKNOWLEDGMENT OF RECEIPT OF
PLUS ONE'S OCCUPATIONAL SAFETY AND HEALTH PLAN**

I HAVE RECEIVED A COPY OF THE PLUS ONE OCCUPATIONAL SAFETY AND
HEALTH PLAN.

I UNDERSTAND THAT I MUST READ THE PLAN AND THE TRAINING MATERIALS
INCLUDED. MY SIGNATURE BELOW INDICATES THAT I HAVE BEEN EDUCATED
AND TRAINED ON ALL SECTIONS OF THIS PLAN.

Rhonda Mann
NAME (print)

Rhonda Mann
SIGNATURE

Claudia A. Shiflett
WITNESS SIGNATURE

8-13-02
DATE

- 20 -

Received Dec-18-2006 11:18am

From-609 945 3912

To-EEOC-NYDO (7)

Page 021

Jm 0106

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the statement to validate it. Your exemption for 2005 applies February 1, 2007. See Pub. 505, *Withholding and Estimated Tax*.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$350 and includes more than \$200 of unearned income (for example, interest and dividends) and (b) you have no tax liability as a dependent or on joint tax return.

Basic instructions. Fill in the following information. See instructions for details.

1. Enter your full name and address as shown on your paycheck or page 2, adjust your withholding allowances based on married deductions, salary credits, adjustments to income, or two-

<p>earned two job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.</p> <p>Household. If you are a householder, Germany, you need to household filing status on your return if you are unmarried and pay more than the costs of keeping up a home for you, your dependents or other qualifying persons. See line 6 below.</p> <p>Tax. You may take projected tax credit in figuring your allowable withholding allowance. Credits for child care expenses and the child tax credit are used when the Public Ruling is issued below. See Pub. 878. How to claim the credit on Form 1040.</p> <p>Tax Withholding. For information on your other credits, see instructions to your other credits.</p> <p>Marriage. If you have a large amount of income, if you have a large amount of income, such as interest or dividends, you may want to consider making estimated tax payments.</p> <p>1040-ES. Estimated tax for individuals. You may owe additional tax.</p>	<p>May claim tax return. You may claim tax return if you are unmarried and pay more than the costs of keeping up a home for you, your dependents or other qualifying persons. See line 6 below.</p> <p>Number of allowances. You may claim a number of allowances for dependent children or dependent persons. Adjust the number of allowances for each dependent child or dependent person. See instructions to Form 1040-ES.</p> <p>Amount of credit. The amount of credit is based on the number of allowances claimed. See instructions to Form 1040-ES.</p>
---	---

Two or more jobs. If you have a working agreement with one job, figure the total number of hours you are entitled to earn on all jobs on the worksheet from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 of the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions to Form 9255 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 15 to see how the dollar amounts you are having withheld compare to your projected total tax for 2008. See Pub. 919, *Worksheet for 2008*, for more information.

Check your earnings. If your earnings exceed \$190,000 (\$200,000 if married), see Pub. 15.

Recent name change. If you change your NAME on the 1040, check the amount on your social security card or call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowance Worksheet (Keep for your records.)

- A** Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:

 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 203, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

 - If your total income will be less than \$55,000 (\$62,000 if married), enter "2" for each eligible child.
 - If your total income will be between \$55,000 and \$84,000 (\$62,000 and \$81,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

For complete instructions on how to claim the credit, see the **Instructions for Form 1040**.

• If you plan to **Rebate or claim adjustments to income and Adjustments Worksheet** on page 2.

• If you have more than one job or are married and you and your spouse both work and the combined savings from all jobs exceed \$55,000 (\$62,000 if married) see the **Two-Earning Two-Job Worksheet** on page 2 to avoid having too little tax withheld.

• If you are a **nonresident alien**, stop here and enter the number from line H on the **B** of Form W-4 below.

Out here and give Form W-4 to your employer. Keep the top part for your records.

OMB No. 15-15-2074

Employee's Withholding Allowance Certificate

Form **W-4**
Department of the Treasury

Whether you are entitled to claim a certain number of allowances or exemption from withholding tax depends on your individual situation. You may be required to send a copy of this form to the IRS.

2006

National Fire Protection Service		enrollment card required for sale	
1	Name or print your first name and middle initial	Last name	
	Jordan Rhonda	Mann	
Home address (number and street or rural route)			
259 5th St.			
City or town, state and ZIP code			
Jersey City NJ 07302			

2 Your social security number
A-71781209

3 ☒ Single ☐ Married ☐ Married, but withheld at higher single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security record, please. You must call 1-800-772-1213 for a new card. ▶

5 Total number of allowances you are claiming (from line 4 above or from the applicable worksheet on page 2) 6 \$
 9 Additional amount, if any, you want withheld from each paycheck 7 \$
 7 I claim exemption from withholding last year I had a right to a refund of all federal income tax withheld because I had no tax liability and federal income tax withheld because I expect to have no tax liability. 8
 If you meet both conditions, write "Exempt" here 9
 I am certain, and on the basis of my knowledge and belief, that this is true, correct, and complete.

Under penalties of perjury, I declare that I have
 Employee's signature
 (Form is not valid
 unless you sign it.)

Page 4-3-4-06

9	Office code (optional)	10	Employer identification number (EIN)
---	------------------------	----	--------------------------------------

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Est. No. 102206

Form W-4 (2008)

Received Dec-18-2006 11:39am

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TJ-EEOC-NYDO (7)

Page 001

Jim 0107

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 15, 2003. See Pub. 508, *Tax Withholding and Estimated Tax*.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 319, *How Do I Adjust My Tax Withholding?* for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, *Estimated Tax for Individuals*. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, *Worksheet on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married)*.

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent</p> <p>B Enter "1" if:</p> <ul style="list-style-type: none"> You are single and have only one job; or You are married, have only one job, and your spouse does not work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit</p> <p>G Child Tax Credit (including additional child tax credit):</p> <ul style="list-style-type: none"> If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$55,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children. If your total income will be between \$42,000 and \$80,000 (\$55,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. <p>H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.</p> <p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$33,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2002
1 Type or print your first name and middle initial Last name Rhonda R Mann		2 Your social security number 147-1A-1209		
Home address (number and street or rural route) 104 Prospect Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <i>Note: If married, but legally separated or spouse is a nonresident alien, check the "Single" box.</i>		
City or town, state, and ZIP code Jersey City, NJ 07307		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature Rhonda Mann		Date 8-2-02		
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

Cat. No. 10220Q

Form NJ-W4
(11-99, REV. 6)

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate
For Tax Years on or after 2001

1. SSN <u>147 78 1209</u>		2. Filing Status: (Check only one box)	
Name <u>Rhonda Mann</u>		1. <input checked="" type="checkbox"/> Single	
Address <u>104 Prospect Street</u>		2. <input type="checkbox"/> Married Joint	
City <u>Jersey City</u> State <u>NJ</u> Zip <u>07307</u>		3. <input type="checkbox"/> Married Separate	
		4. <input type="checkbox"/> Head of Household	
		5. <input type="checkbox"/> Qualifying Widow(er)	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....		3. <u>C</u>	
4. Total number of allowances you are claiming (see instructions).....		4. <u>0</u>	
5. Additional amount you want deducted from each pay.....		5. \$ <u>0</u>	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.		6. <u>0</u>	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate entitled to claim exempt status.			
Employer's Signature <u>Rhonda Mann</u>		Date <u>8-13-02</u>	
Employer's Name and Address		Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)) and either your spouse or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A, below. If you do not complete Line 3 you will be withheld at Rate B.
Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
Line 5 Enter the amount of additional withholdings you want deducted from each pay.
Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
• Your filing status is SINGLE, HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER) and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
• Your filing status is MARRIED JOINT, and your wages combined with your spouse's wages plus your taxable non-wage income will be \$20,000 or less for the current year.
• Your filing status is MARRIED SEPARATE and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
Your exemption is good for ONE year only. You must complete and submit a form next year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have any questions about eligibility, filing status, etc., when completing this form, call the Division of Taxation Customer Service Center at 609-392-6400.

Instruction A - Wage Chart

This chart is designed to increase withholding on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married jointly, heads of households or qualifying widows (or) single individuals or married individuals filing separate returns. Do not use to use this chart.

If you have indicated filing status #2, 4 or 5 on the NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart (see the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the letter of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should submit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	OVER 90,000
YOUR WAGES	0	B	B	B	B	B	B	B	B	B	B	B
	10,000	B	B	B	B	B	C	C	C	C	C	C
	20,000	B	B	B	B	A	A	D	D	D	D	D
	30,000	B	B	B	A	A	A	D	D	D	D	D
	40,000	B	B	A	A	A	A	A	E	E	E	E
	50,000	B	C	A	A	A	A	A	E	E	E	E
	60,000	B	C	D	A	A	A	E	E	E	E	E
	70,000	B	C	D	E	B	E	E	E	E	E	E
	80,000	B	C	D	E	E	E	E	E	E	E	E
	90,000	B	C	D	E	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E	E

Aug 06 02 09:13a

The Resource Room

1201-413-1931

p-2

HIPAA
B.F.O.Z.

RHONDA MANN 104 Prospect St., Jersey City, NJ 07307 phone: 201 983 5302
email: buddhachild1@yahoo.com

SUMMARY OF QUALIFICATIONS/EXPERIENCE:

1. Strong working knowledge of holistic health modalities and industry.
2. Specialization in Swedish massage and practitioner of reflexology and sport massage.
3. Managed budgets and created forecasts for small businesses.
4. Developed marketing/promotion plans for wellness organizations.
5. Event planning: various workshops on holistic health, spirituality, etc.
6. Created marketing and promotion plans for entertainment products.
7. Head of office administration/operations for small business.

EMPLOYMENT:

2001 – PRESENT	MASSAGE THERAPIST & HOLISTIC HEALTH COUNSELOR HEALING ARTS, JERSEY CITY, NJ
2002 – PRESENT	MASSAGE THERAPIST SPA 2, BERGEN MALL, PARAMUS, NJ
2001 – PRESENT	WELLNESS COMMITTEE AUDRE LORDE PROJECT, BROOKLYN, NY
2001 – 02	WELLNESS DESK COORDINATOR (VOLUNTEER) NEW YORK OPEN CENTER, NEW YORK, NY
1999-2000	CONTRACT ADMINISTRATION HOME BOX OFFICE, NEW YORK, NY

EDUCATION:

HOWARD UNIVERSITY, Wash., D.C. – B.A.
Major: Journalism Minor: Theater Arts

INSTITUTE FOR INTEGRATIVE NUTRITION, New York, NY
Major: Holistic Wellness

HELMA INSTITUTE, Saddle Brook, NJ
Candidate for Massage Therapist Certification – Dec. 2002
Concentration: Swedish Massage, Shiatsu

SKILLS:

Microsoft Word, Excel, Lotus Notes, Typing: 65 w.p.m.

ADDITIONAL:

Certified Holistic Health Counselor, Member: Association of Drugless
Practitioners

Received Dec-18-2006 11:39am

From-609 945 3912

To-EEOC-NYDO (7)

Page 004

Jm 0109

+1
fitness

Application for Employment
(An Equal Opportunity Employer)
Please fill out both sides of application

Personal Information

Name Rhonda Mann Date 8-7-02
Address 104 Prospect Street
City Jersey City State NJ Zip 07307
E-Mail Address buddhachild1@yahoo.com
Phone (Home) 201 963 5302 (other) 917 705 9660
Social Security #: 147 78 1209 Sex: M ☒ F
Are you 18 years or older? ☒ Yes No (if not) Date of Birth / /
Are you a U.S. citizen or an alien authorized to work in the United States? ☒ Yes No

Employment Desired

Position Massage Therapist Start Date 8/13/02 Salary Desired
Are you employed now? NO If so, may we inquire of your present employer?
Ever applied to this company before? NO When?
Referred by Hudson Reporter

Education

	Name & Location of School	No. of years Attended	Did you Graduate?	Subjects Studied
College	<u>Howard Univ., Wash, DC</u>	<u>4</u>	<u>yes</u>	<u>Communications</u>
Trade, Business or Correspondence School	<u>Institute for Integrating Nutrition, NY NY</u>	<u>Also</u>	<u>Helma Institute of Massage Saddle Brook, NJ</u>	<u>Swedish/ Shiatsu</u>
Special Studies, Workshops, Seminars in Fitness, Wellness	<u>Certified Holistic Health Counselor</u>	<u>1 YR</u>	<u>Graduated</u>	<u>holistic health</u>

General

Subjects of special study or research work (i.e. massage, yoga, aerobics, etc.)
Massage
Certifications Holistic Health Counselor
Extracurricular activities
Computer skills Microsoft Word, Publisher & Excel
U.S. Military or Naval Service NO
Have you ever been convicted of a felony? NO
(A positive response will not necessarily affect your eligibility to be hired.)
If yes, please explain:

Jm 2109

Former Employers (List below last three employers, starting with last one first).

Date Month and Year	Name and address of employer	Salary	Position	Reason for leaving
From <u>Jun 99</u> To <u>Feb 01</u>	<u>HBO 1100 6th</u> <u>Ave. NYC</u>	<u>\$35,000</u>	<u>Assistant</u>	<u>Career change</u>
From <u>Jan 99</u> To <u>Jun 99</u>	<u>Harvey & Co</u> <u>Clarksburg, NY</u>	<u>\$30,000</u>	<u>Talent Manager</u>	<u>Location too far from home</u>
From <u>Dec 97</u> To <u>Dec 98</u>	<u>Hoffman Ent.</u> <u>New York, NY</u>	<u>\$27,500</u>	<u>Tour Coordinator</u>	<u>Better job</u>

References

(List three persons not related to you. Whom you have known at least one year).

Name	Phone	Business	Years Acquainted
1. <u>Mary Healy</u>	<u>212 522 1010</u>	<u>HBO</u>	<u>8 yrs</u>
2. <u>Donna Johns</u>	<u>212 252 0290</u>	<u>Entertainment</u>	<u>10 yrs</u>
3. <u>Chrissy Mvira</u>	<u>212 707 2000</u>	<u>Atlantic Records</u>	<u>10 yrs</u>

In case of emergency: Notify Cheryl Mann Relation Sister
Phone No. (1) 212 280 8620 (2) —

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is at will, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Signature Shonda Sharpe Date 8-7-02

Do Not Write Below This Line

Interviewed by: _____ Date _____

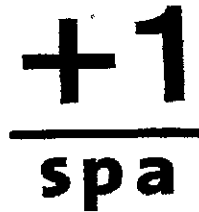
Hired: Yes _____ No _____ Position _____ Location _____

Salary/Wage _____ Date reporting to work _____

Approved by: 1. _____ 2. _____ 3. _____

(Signature) General _____ Dept Head _____ Employment Mgr _____

Jm 0110



SESSION PROTOCOLS

- *You must always* introduce yourself to the client, tell them your name, shake their hand and tell them "I will be working with you today."
- *You must always* ask them medical questions: recent surgeries, injuries, medications, high/ low blood pressure, contacts, pregnant, sensitivity to aroma's, oils or nut allergies. **NO EXCEPTIONS** use the intake form as a guideline
- *You must always* If client comes in late you can do needs assessment and health questions during your opening movements.
- *You must always* ask them what they would like concentrated on, **listen and remember**
- *You must always* : if it is a half hour massage ask them if they would like a full body or just to concentrate on a specific area.
- *You must always* tell them how you would like them to lie on the table, where they can put their robe and **LEAVE THE ROOM.**
- *You must always* make sure the client is fully draped (**ALWAYS AND EVERYONE**) and proceed with your treatment.
- *You must always* At the end of the massage drape the clients robe over them, or on the stool next to them. Say "here is your robe, don't forget to check your pockets". If the client has glasses give those to them as well, place slippers at side of table so client will slip right into them.
- *You must always* If a client has taken off a necklace and given it to you, put the necklace **ON THE CLIENT** before you leave room.
- *You must always* Offer client water at end of session, have water in the room with you or meet them outside the room with it. (Plaza, you must be outside room)
- *You must always* direct client back to locker room (at Plaza you need to escort them to end of treatment hall, open door)

• Blonda Sharr

8-7-02

Signature

Date

Received Dec-18-2006 11:39am

From-609 945 3912

To-EEOC-NYDO (7)

Page 007

Jm 0111

Received Dec-18-2006 11:39am

From-609 945 3912

To-EEOC-NYDO (7)

Page 008

Jm 0112